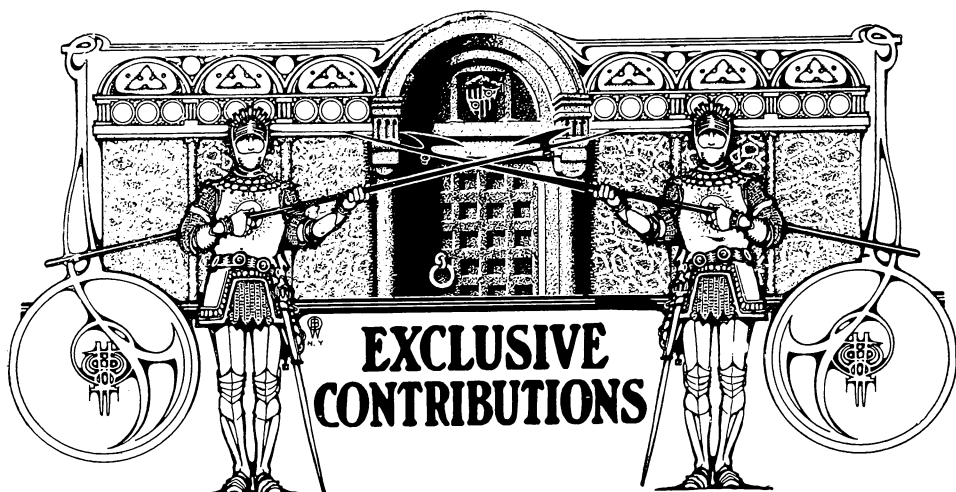


PROF. DOCT. JOSEF V. ARKÖVY,
President Section on Stomatology, Sixteenth International Medical Congress.



A Retrospect of the Congresses at Berlin and Budapest.

By M. L. RHEIN, M.D., D.D.S., New York.

The Fifth International Dental Congress was opened in Berlin in the Reichstag Building on August 23, 1909. Outside of the United States, the attendance was the largest recorded at any Dental Congress. The first Congress was held in the United States. It is one of our products. Ten year ago an assemblage of this nature with so small an American attendance would have been an utter fiasco, yet this Congress, judging it as a whole, with scarcely anything American about it, was nevertheless eminently successful. The attendance of Americans was very small, and their participation in the proceedings so slight as to become, one might say, a noted exception. Who, or what, was to blame for this lack of American representation on such an occasion?

The Congress was opened in the majestic Parliament Chamber in the most formal and impressive manner by the President, Professor Walkhoff. There were the usual addresses of welcome in English and French, together with salutations from representatives of the German Government. This was followed by responses of a short and impressive nature from every country except the United States. Among the few Americans present, Professor Brophy had been chosen for this purpose. An unfortunate accident prevented his attendance. It was unfortunate in more ways than one, because his substitute made one of the old-time spread-eagle speeches, in which the old bird was made to strut about and proclaim his prominence in no uncertain tone. This differed greatly

ITEMS OF INTEREST

from the other stately responses, and considering the insignificant appearance which, according to the official program, we would make in this historic meeting, was not only unseemly but ill-timed. The audience received the speech with jeers and laughter, and those of us who had gained admission shamefacedly and quietly withdrew. Two of our prominent colleagues from New York left Berlin immediately after this incident.

Section Plan a Failure.

Upon the adjournment of the meeting in the Parliament Hall, the National Exhibition of Dentistry was opened in the enormous rotunda of the Reichstag Building. This exhibition will always remain as the distinguishing feature of this Congress. The scientific program was on a par with that of previous Congresses, large in quantity, but slim in quality. The meeting was divided into twelve sections. This proved to be a great error, as it led to endless confusion and disappointment. Men were frequently desired to be in two places at the same time. As a result, in most of the sections, the proceedings were conducted very poorly. The absence of stenographers made it compulsory for the speakers to write out their discussions. Many of the foreigners did not understand this, and, consequently, as the secretaries were not over-efficient, much valuable discussion was lost. There is little doubt that it is an error to divide a meeting of this kind into more than three sections. This would amply suffice to separate the varying tastes, and while the total quantity of discourses would be less, if properly supplied it would be more than counterbalanced by the increase in quality.

The Wonderful Exhibits.

In contradistinction to this criticism of the meetings, words are inadequate to express the extent and value of the exhibits; not exhibits of manufacturers; exhibits made by dentists from all over the world, and also from universities and public museums. It was worth all the trouble to inspect these magnificent exhibits, and the writer can not forbear to utter his regret that the entire exhibit could not have been confiscated and established as a permanent museum. There never was a moment when the exhibit hall was not crowded with visitors. The specimens ran into the thousands. They were all well-classified and mostly kept locked in glass cabinets, with an explanatory tag attached to each specimen. There were 134 exhibitors, of whom 92 were from Germany, 12 from Austria, and 5 from Switzerland, the remainder coming from France, England, Russia, Spain, Denmark, Norway, Sweden, Finland and—just one exhibit from America. It might be well to ask the proud American dentist to inquire why American dentistry, so long claiming to stand pre-eminent among all nations, should have made such a wretched

showing on this occasion. It appears that due notices were sent to honorary officers of all countries in regard to making this exhibit a wonder for all time, and inviting their earnest co-operation. Yet, the response from our country brought just one specimen.

**Exhibit
Described.**

The exhibit was as carefully catalogued as a great picture collection. It was properly divided and classified.

First came the Geological-Paleontological portion, mainly from the University of Berlin. After inspecting the various number of historic specimens, the writer felt how splendid it would have been to see the fine collection of the Odontological Society of New York alongside of this. How easy of accomplishment exhibits of this nature would have been, had the American committee existed in anything but name only.

Although it is impossible to give a complete account of the exhibits, it may be interesting to relate that there were all kinds of specimens of ancient dentistry, with skulls showing every conceivable type of tooth abnormality. There was an exhibit of skulls showing dentures at one year, two years, etc., up to twelve years of age. Specimens of abnormalities of the antrum were especially numerous, also the unusual features of perfectly symmetrical sinuses; entire absence of the antrum on one side, and numerous specimens of cysts and tumors in the antrum. There were the most wonderful replicas of the nerves, arteries and pathological specimens of every stomatological disease. These were made of wax, papier-maché, etc., and, in many cases, the original specimens were preserved in alcohol. There were specimens of epulis, necrosis, hare-lips, and cleft palate; dermatoid cysts containing teeth; carcinomas, and sarcomas of the jaws; and also osteomyelitis. Then there were represented every form of syphilitic lesion and tuberculosis; lupus, arterio sclerosis, and all kinds of cysts. Of the several diseases there were cases of myosarcoma, carcinoma, sarcoma, epithelioma, and leukoplakia; hypertrophy of the gums; herpes of the tonsils; follicular tonsillitis; diphtheria; psoriasis; stomatitis, gingivitis, and pyorrhea, etc. There were also representations of otitis, osteoma, phosphorus necrosis, arsenical necrosis, ankylosis, and akromegaly.

There were specimens of resections of the jaws; fractures and models of the jaws of idiots; all kinds of microphotographs, as well as microscopic specimens of biological, pathological and physiological conditions of tooth structure. There were also specimens of results obtained in experimental physiology and pathology on living animals. There was a most interesting exhibit of antique dentistry and instruments.

Under "Conservative Dentistry" there was a most complete exhibit

ITEMS OF INTEREST

of everything that would come under the heading of operative dentistry, commencing with methods of sterilization of instruments, cavity preparation, technic of fillings and inlays of all kinds. There were skulls containing specimens of gold fillings and porcelain and gold inlays. There were root-canal instruments, and the preparation and filling of root canals were shown with great accuracy. Radiographs of all kinds were largely displayed.

Many forms and systems of orthodontia were shown. Perhaps nothing was more interesting than the elaborate display of everything pertaining to prosthesis. There were models illustrating different methods of inserting dentures to preserve the remaining teeth, and all kinds of artificial teeth, as well as crowns of every conceivable variety. Also carved dentures made from ivory and walrus. There were models illustrating nose prosthesis, with specimens of paraffin injections. There were obturators of all kinds; artificial ears and different forms of prosthesis after resection of the jaw. There were specimens of Rhein's porcelain root after amputation of the root, and all kinds of splints for loosened teeth. There were fixed and removable bridges of every conceivable type and form. All of the specimens of operative and prosthetic work were from the hands of skilled dentists and showed the evidence of great labor and expense.

There were all kinds of specimens of dental literature; different laws that have been enacted; illustrated procedures for taking care of the teeth of school children of different cities, as well as countless reprints of every character. It is impossible in thus noting a few of the exhibits to give a true insight into the value of the exhibit as an educational factor.

The Europeans looked in vain for America's showing, and the blame for this omission, it does appear, will rest on the officers of our National Association.

National Associations Compared.

It is not my desire to hurt the feelings of any of these gentlemen, but it is timely to compare the work of our own Association with that of the United Association of German Dentists. At this meeting they celebrated their fiftieth anniversary, and, according to their history, they were in the same sore straits of political differences that exists amongst us when the late Prof. W. D. Miller was elected their President. In their magnificent anniversary celebration, to which we were all invited, they gave him all the credit for the advanced position which they now hold. They have a membership of twelve hundred, in a small country where there are only three thousand registered dentists. Compare this showing to the proportionately small membership of our National Association in our vast territory, a membership of eight hundred in a

country having 40,000 dentists. Where will we find a Miller to build up such an Association as we should have?

Not the least important feature of the Congress
Entertainment. was the entertainment provided for the members.

The afternoons were taken up in sightseeing, visits to prominent hospitals, etc. There were also clinics of a very high order, and here alone was America able to make a favorable showing. For this we are greatly indebted to Professor Brophy, of Chicago. Injured as he was, he left his bed, his doctor and his nurse, to fulfil his engagement, and he electrified his large audience by his beautiful cleft palate operations.

Every evening there were banquets and entertainments given on such a colossal scale that it would be difficult for any other country to equal them when future congresses may be held. During the first evening the members were entertained by the Mayor and officers of the city with a magnificent banquet in the City Hall, and this was followed by similar affairs night after night. At some of these entertainment was provided outside of the usual after-dinner speeches in the shape of songs from some of the greatest singers of the world, and with a ballet from the Royal Opera House. Perhaps the entertainment that was most pleasant to Americans was a banquet tendered solely to them by the W. D. Miller Club of Berlin. It was an occasion never to be forgotten by those who were present. The speeches on this occasion were all addressed to the fact that dental education in America must be improved if we are to retain our supremacy. We were all Americans on this occasions, and not one of us can ever forget the delightful hospitality of our compatriots, who made us forget for the time being that we were in a foreign land.

In all International Congresses the meetings are
German Dental Progress. organized and controlled by the men residing in the country in which they are held. Their work always

largely predominates in the proceedings, so that in summarizing we must deal mainly with German dentistry. In no other part of the world during the last decade has such great progress been made. Thoroughness and high standard of general education demanded in Germany has tended greatly toward producing this result. For some years past their literature has been a witness of their scientific attainment. Their clinical display at this Congress gave ample evidence of the fact that as far as technic is concerned, they are rapidly closing up on us. To every true professional mind this should only be a cause of congratulation, recognizing the fact that our interest in the physical welfare of man knows no continent, no country, but is universal. That the German dentists recognize this fact was made evident when at the celebra-

ITEMS OF INTEREST

tion of the fiftieth anniversary of their National Association they bestowed the highest honors possible on three Americans, Kirk, Brophy and Taggart, by making them honorary members. This comment would be incomplete if mention were not made of their display of oral surgery and various forms of prosthesis in connection therewith. In these sections they not only read papers, but exhibited patients and specimens which were truly educational and reflected the greatest credit on the respective authors.

It might be of interest to many to know that the German dentists have taken the radical position that dentistry is an independent profession. In no country where this position has been taken has dentistry ever received the magnificent government recognition which it obtained at Berlin. This was made evident by the fact that the Emperor turned over the Reichstag Building for the meeting, and that the Congress was tendered a banquet by the Mayor and authorities of Berlin, and received every possible aid and encouragement from the government authorities. How was this miracle accomplished? For some years now the separate German municipalities have been caring for the teeth of the children of the poor. The value of this service to the State has been thoroughly proven in Germany, and this fact alone has raised the standing of the German dentists to a position which entitled them to this splendid recognition.

Of course there were the usual complaints of disgruntled foreigners, due to some slight misunderstanding which generally tends to display the ignorance of the complainant. They were of small account and easily remedied. When the Fifth International Dental Congress adjourned on Saturday, August 28, their week's session had added an important page in the world's history of dentistry.

International Medical Congress.

Budapest. It was a twenty-one-hour railway trip from Berlin to Budapest in order to be present at the beginning of the Sixteenth International Medical Congress, which opened on Sunday, August 29. It was quite a jump, might I say upward, from a congress where dentistry was held to be a distinct profession to one where it received due recognition as one of the specialties of medicine. We found ourselves royally welcomed in this beautiful Hungarian capital. There were about seven thousand members of the congress registered, with about three hundred attending the sessions of Section 17, on Stomatology.

After leaving Germany we found ourselves in a country where no one is permitted to practice dentistry without possessing the degree of

M.D., and for the first time we were permitted to see and enjoy the spectacle of dentists in a body being received on an absolutely equal footing with other medical men. To undergo this experience leaves a flavor never to be forgotten, and an appetite for the same never to be appeased until that utopian period is reached when all dentists will have been first medically educated. The Section on Stomatology was presided over by Prof. Josef v. Arkövy, and its marvelous success was due in a large measure to his work and to the work of the General Secretary, Dr. J. Szabo. It is impossible to make a very fair comparison between a large assemblage of thousands and a meeting of a few hundred practitioners of dentistry. We Americans, however, could not fail to notice certain differences: the weak points of the Berlin congress were the strong points of the one at Budapest, and vice versa. In other words, at Budapest we missed the beautiful dental exhibit, but we found a week's meeting conducted under the most favorable auspices. There was an absolutely systematic working out of everything connected with the meeting. A good example of this was found in the manner in which no man who had discussed a paper was permitted to go away from the meeting until he had first written out his discussion and turned it over to one of the secretaries. This was carefully examined before the next meeting, and if there were any incoherencies or possibilities of error, his attention was called thereto. The subjects considered at the different meetings were of a more scientific order, and they were discussed on broader lines. It is a mistake to imagine that no attention was paid to the practical side of dentistry. There were clinics of different kinds given, and amongst these it might be interesting to note that there was a most elaborate exhibit of inlay work in all its details, executed with mathematical precision and accompanied with figures and calculations to demonstrate the impossibility of making an absolutely perfect fitting inlay, although the author freely recognized the great value which the gold inlay merits in dental work.

In the ensuing discussion, personally, I took the opposite view, arguing that the absolute reproduction of the wax model and consequent accuracy of fit within the cavity wholly depends upon the perfection of technique and the machine used for casting. Dr. Blum, of New York, subsequently demonstrated this by giving a clinic with the Taggart casting machine, this being the first clinic ever given with a Taggart machine in Europe.

**A Model
Dental School.**

It is impossible to recall the pleasant week spent at Budapest without referring to the dental department of the University of Hungary. They have just completed a new building, which is certainly one of the most perfect dental school buildings in the world. There is nothing

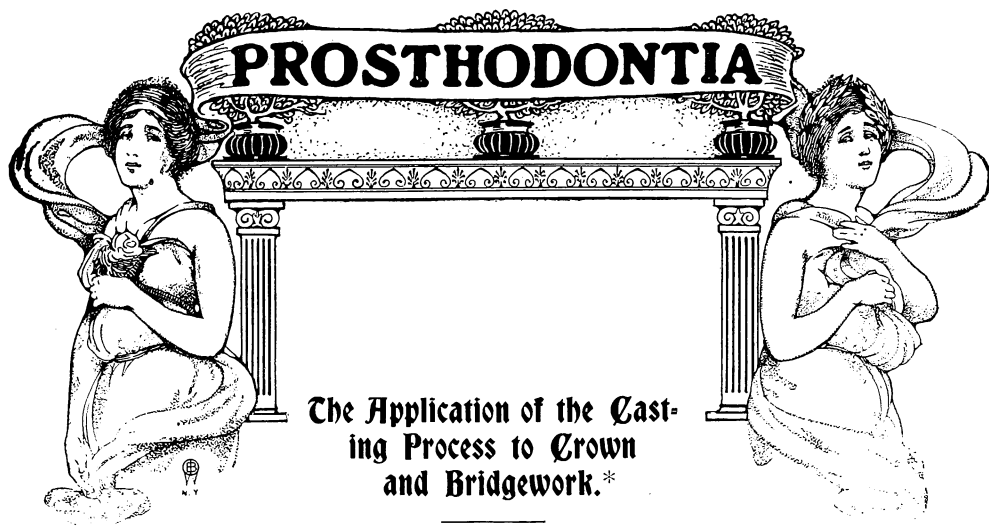


ITEMS OF INTEREST

in the equipment of modern dentistry that was lacking. The building itself is fireproof. The main prosthetic laboratories are in the basement; the infirmaries are divided into different rooms, according to the character of the operations; the scientific laboratory is thoroughly equipped for every possible sort of investigation; regular sick-rooms with beds for surgical patients are also a feature of the building; the oral surgery operating-room is a model of its kind as far as aseptic surroundings and thorough equipment goes; the amphitheatre is quite small, due to the fact that the plan of the school embraces small classes. That Professor Arkövy, who is the head of this school, has been able to induce the Hungarian Government to erect and equip an institution of this character speaks in no uncertain terms of the great executive ability of this man, and of the consequent debt that we all are under to him for achieving this remarkable result. It would be impossible to speak of the meetings of the Stomatological Section of this congress without having the name of this illustrious man dominate everything. The fact that he has taken an advanced radical position in educational matters has brought about very bitter discussion and enmity between him and other very prominent Europeans. Evolution in educational matters can not be brought about by revolutionary methods, as is proven by the past history of the world, and for this reason it requires a person of his temperament and character to blaze the way for future generations. It is in this light that I love to dwell upon the character of this eminent representative of dentistry.

The festive portion of the congress at Budapest was only second to that which we had enjoyed at Berlin. Those of the visitors that were fond of entertainment were able to find something of this nature on the program at almost every hour of the day or night. The one particularly pleasing social feature for the dentists was a beautiful banquet tendered to us by Professor. Arkövy, on which occasion public recognition of his worth was made by representatives of every civilized country. It is impossible to refrain from acknowledging our indebtedness to the resident dentists of Budapest for the many kindnesses which they bestowed upon us, and it was with deep regret that we finally bade them adieu.





By HART J. GOSLEE, B.S., D.D.S., Chicago.

(Continued.)

**Porcelain
Crowns as Abutment
Pieces.**

In the use of any of the various forms of separable dowel crowns with cast bases as abutment pieces for bridgework, each crown to be so used should be first adapted directly to the root in the mouth in accordance with the requirements and in the manner indicated in connection with single crown work, and if there be more than one crown in the same case, each should be completed separately.

The only difference in the detail of procedure as outlined for single crowns, lies in the fact that the approximal surface of the porcelain crown presenting toward the space to be filled with artificial teeth, must be so grooved out or ground away as to permit the wax, and, subsequently, the cast base, to extend well down toward the occlusal or incisal end and beyond the contact point, as a means of affording sufficient surface of metal to insure ample strength in the subsequent attachment of the cast base to the adjacent portion of the bridge, with solder. (Fig. 447.)

Where the root to be crowned stands alone, and artificial teeth are to be placed adjacent to it *on both sides*, then, of course, both approximal sides of the porcelain crown must be so ground for the same reason, as illustrated in Fig. 448.

*Copyright, 1909, by Hart J. Goslee.

ITEMS OF INTEREST

When thus ground and the wax base properly molded and trimmed, the sprue wire should be attached (Fig. 449) and the base cast, after which the porcelain should be temporarily placed in position, and the base finished to the point of polishing.

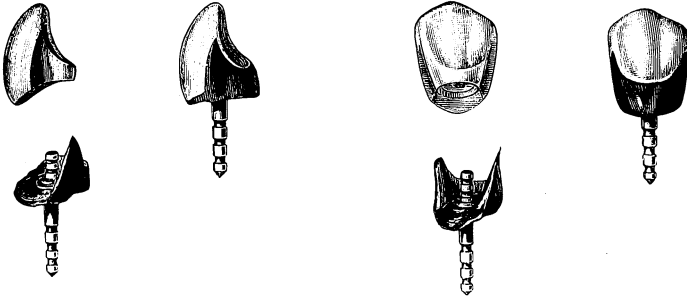


FIG. 447.

FIG. 448.

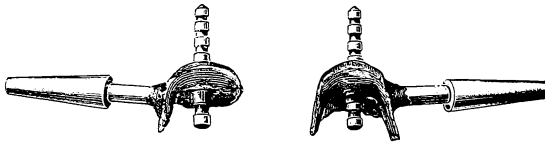


FIG. 449.

Gold Crowns as Abutment Pieces.

When gold crowns are indicated as abutment pieces for fixed bridgework, the same general line of procedure suggested for separate crowns should be observed. Prior to this, however, it must also and always be noted that the approximal surfaces of the supporting root, or roots, are ground away until parallel with the long axis of the tooth, and with the other supporting teeth, in order to insure the ready adjustment of the completed fixture.

After the crown has been cast, it should be finished to the point of polishing and then fitted to position on the root.

“Bite” and Impression.

After all of the attachments or abutment pieces have thus been completed separately, they should be placed in position on the supporting teeth and the “bite” and impression taken.

PROSTHODONTIA

Where inlays are used it is often well to primarily finish only the marginal edges, and then to allow a small projection of the "sprue" to remain (Fig. 450) until the "bite" and impression have been taken. Where this is possible, and particularly in flat-surface inlays for anterior teeth, the correct position of the inlay in the impression is thus more easily obtained and more securely sustained, and these are highly important features.

When porcelain crowns with cast bases are used, both the crown and its base should be in position on each root when the bite and impression are taken.



FIG. 450.

When each piece is thus finally adjusted to proper position on the supporting roots, the "bite" and impression should be taken, the former in wax and the latter always in plaster.

Models. After carefully observing that each piece is forced well down in place in the impression and held with a small quantity of melted wax, if necessary, the impression should be properly varnished and filled. The model should invariably be made of a good strong investment material, because it then never becomes necessary to detach the abutment pieces therefrom in the subsequent final assemblage of the several parts by soldering.

When thus filled and separated, the "bite" should be adjusted and the case then mounted on the articulator.

Constructing Posterior Dummies. After the models have been thus obtained, some suitable form of replaceable bridge tooth for bicuspids and molars, such as is made by the Consolidated Dental Mfg. Co. (see Fig. 422) or the Brewster Co., of Chicago (see Fig. 423), should be selected to meet the requirements of size and color and properly ground to the desired adjustment. It should then be observed that the approximal sides of each

ITEMS OF INTEREST

porcelain tooth is sufficiently grooved out so as to admit of carrying the wax, and subsequently the gold backing, well over upon these surfaces, thus forming a finishing line for the backing, and more completely "boxing" up each tooth, thereby insuring a maximum of strength both in the backing and in its subsequent attachment to the abutment pieces with solder, and affording a cleaner interproximal space between each tooth (Fig. 451).

While any of the various makes of detachable dowel crowns may often be used in the same manner by grinding, these special bridge teeth

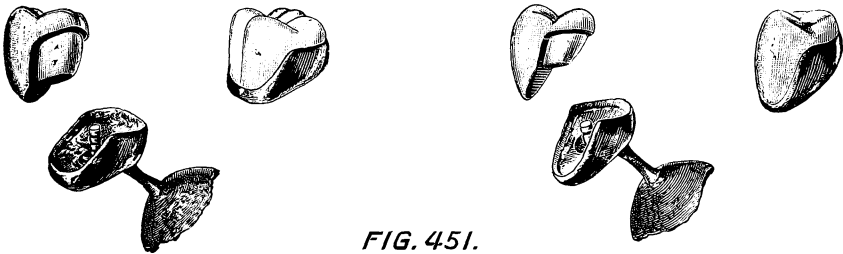


FIG. 451.

are more universally applicable because of being thinner on the lingual sides, and consequently requiring less grinding upon these surfaces.

When ground to the proper and required adjustment to gum and occlusion, it should then be determined as to what form should be given to the lingual surface of the backing which is to support the porcelain teeth; whether it should taper from the cusps of the porcelain dummy to a small contact with the ridge at the neck (Fig. 452), or whether it should be broader and rest upon the gum in the form of a saddle (Fig. 453), and this is to be governed largely by the degree of absorption, the shape of the ridge, and the occlusion of the opposing teeth.

Saddle Formation.

If these latter conditions are favorable, the possibilities for securing an accurate adaptation of a narrow saddle to the gum often makes this type of construction preferable for the reason that the lingual contour of the intervening artificial teeth is thus restored, and if the saddle is *narrow and well adapted*, such surfaces are usually kept cleaner than are those where the lingual contour is not restored and which are therefore more inaccessible.

PROSTHODONTIA

Wax Backing.

As soon as this feature of construction has been determined and the teeth have been selected and ground, each tooth should first be separably backed up with wax. While the best results are to be obtained by using the pins, which are especially made for some forms of these teeth because of their uniform size, it is possible, however, to make



FIG. 452.



FIG. 453.

a suitable pin of iridio-platinum wire about 14 gauge, or to make a wax pin to fit the hole in the tooth as a part of the backing, and this will, of course, be reproduced and subsequently become a part of the casting itself.



FIG. 454.



FIG. 455.

Special Pins.

If the special pins are used, preference should be given to those made of iridio-platinum, gold and platinum, or clasp metal, for the reasons previously mentioned. In their use the lingual surface of each tooth should first be painted with glycerine or liquid vaseline, the pin properly fitted as to length and placed in position in the tooth (Fig. 454), and a suitable hard wax then melted around the exposed end of the pin and over the surface of the porcelain (Fig. 455).

Cast Pins.

In the absence of such, however, suitable pins may be easily made as a part of the casting by lubricating the interior of the hole in the crown and gently forcing the end of a small piece of warm hard wax, suitably shaped,

ITEMS OF INTEREST

into it, and afterward pressing and molding the surplus end over the surface of the porcelain (Fig. 456).

When this has been done with each tooth, the surfaces of the model and attachments thereon should be similarly lubricated to prevent the wax



FIG. 456.

from adhering thereto, and a piece of moderately soft prosthetic wax then molded to place. Each tooth with its wax backing should now be forced into this until assuming its proper relation to model and attachments, after which the wax should be carved to the desired outline.

Pin-Locked Cast Gold Inlays in Abutment Teeth.

By C. B. REYNOLDS, D.D.S., Seattle, Wash.

Since the advent of casting methods and the more frequent use of gold inlays, the utilization of such inlays for securing one or both ends of a short bridge has become more and more practicable. In some cases, more especially in the presence of living pulps, it is desirable to use a pin in connection with an inlay, in order to attain greater security. When two such abutment inlays are used and both carry pins, it is often found to be difficult to set the bridge after assembling the parts, because of the difficulty of having the pins parallel. Moreover, it would be more desirable to have the pins at a tangent, if this were possible. I therefore conceived the idea of having the pins separable from the inlays, and so constructed that they may be inserted at the time of cementation.

The technique is as follows: After properly preparing the cavity, the wax inlay is made, and an iridio-platinum pin set in the usual way. The pin is then slightly warmed and removed, and in its place I introduce a carbon of the same gauge. I have these carbons of various sizes, from

PROSTHODONTIA

15 to 20 gauge. Sometimes I cut a thread on the carbon to make them remain more securely in the wax, but quite as often I simply roughen them.

Fig. 1 represents two teeth prepared, and above them are two wax inlays with the carbons in place.

Fig. 2, at A and B, shows sections of the cavities, inlays and carbons, while at C and D are seen the occlusal surfaces and the openings for the

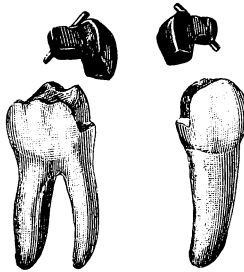


FIG. 1.

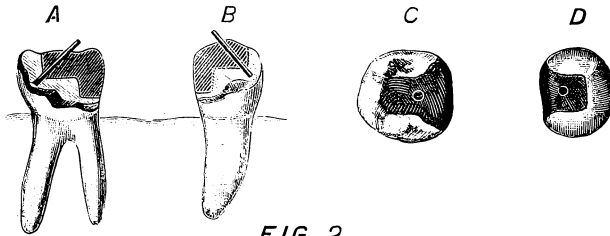


FIG. 2.

carbons. When the inlay is cast, I remove the carbon, inserting in its place an iridio-platinum pin. I then make an extension into the tooth of the same gauge as the pin. This is an advantage, as by this means the little hole which is to receive the pin may be drilled into the tooth after the casting is made, and may be done very accurately.

Fig. 3 represents the finished bridge; the abutments with iridio-platinum pins showing at E and G and the dummy at F. In setting the bridge, I use cement for seating the pins also, and these are driven securely into position, and the excess of pin is then ground flush with the occlusion.

It may be an advantage in some cases to thread the pin and then

ITEMS OF INTEREST

tap the hole through the inlay, and even into the tooth itself, thus making it possible to screw the pin into place.

Fig. 4 shows the bridge after it is set, the dotted lines indicating

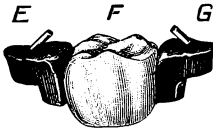


FIG. 3.

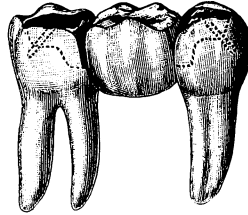


FIG. 4.

the seating of the inlays in the cavities and the position occupied by the pins. I have made a number of bridges in this manner, and if any of them have failed they have been taken to other dentists, for thus far no failures with this method have come back to me.

An Unusual Condition.

By DR. L. P. HASKELL, Chicago, Ill.

I am often surprised at peculiar conditions found in the mouth, differing from anything before realized in a long and exclusive experience in the specialty of artificial dentures.

A lady came to me recently from Colorado, by the advice of a dentist. Fifteen years ago all her teeth had been extracted. She had worn with fair success an upper denture, but had been unable to wear a lower one. Why she was unable to secure a successful result within a year or two I can not understand, although several dentists had undertaken the case. But now, after the lapse of years, new conditions have arisen. It is usually considered that excessive disappearance of the ridge is owing to the wearing of a denture. In this case there is left a flat narrow ridge, with no possible chance for the plate to extent one iota on the lingual side. This, however, does not prevent a plate being worn with a fair degree of comfort.

This is not the worst feature of the case. The fact that there has been nothing on the lower jaw has resulted in a condition difficult to be

PROSTHODONTIA

overcome. The tongue has become accustomed to no interference in its movements, and I apprehend an enlargement. When the mouth opens, the tongue presses forward. Then the lower lip, having nothing to interfere, has pressed inward over the jaw, the muscles have contracted and a serious abnormal condition results.

Upon inserting a lower denture she complained that the tongue pushed the plate. Of course, this was to be expected. Later she complained that the lip pushed the plate inward—an inevitable result.

Another result is the change which has taken place in the coronoid process. Just what it is I can not tell, but the result is that while there is plenty of room for the anterior teeth in length, there is room only for two short molars on the upper jaw and one short molar on the lower jaw. When it is realized that three large molars were on both jaws, it is manifest that absorption has taken place in the coronoid process; at least it so appears to me.

One reason why a lower set could not be worn with the upper set she wore was in the position of the posterior teeth, the molars closing inside the lower ridge and being too long.

I told the patient it would require months for the tongue and lip to become accustomed to what is now an obstruction to both, before she could use the teeth to advantage, although she wore the plate with comfort otherwise, and restoration of features.

Will some dentist who is posted in the matter inform me if I am correct in my guess as to the change in the coronoid process?





The Sphere of the Dentist in the Field of Orthodontia.

By RODRIGUES OTTOLENGUI, M.D.S., D.D.S., LL.D.

Read before the Second District Dental Society, October, 1909.

We speak now of orthodontia, and the practitioners in this field are specialists, calling themselves orthodontists. Less than a quarter of a century ago we heard mainly of the "irregularities of the teeth," and the work of "regulation" was a part of the routine practice of the dentist.

In what respect does orthodontia differ from the regulation of teeth, and to what extent is the dentist authorized to invade the field of orthodontia? I think both questions important just now, and that the latter is peculiarly pertinent, because, if the question be reversed so as to read: "To what extent may the orthodontist practice dentistry," the majority of dentists would reply: "The orthodontist must not practice dentistry at all." Adding, perhaps, mentally, "If he does, he need not expect me to refer patients to him."

There is evidently, therefore, in the mind of the dentist a definite limit to the field of orthodontia, and it is but fair to consider the moral right of the dentist to cross the border line erected by himself.

The problem of the relation of orthodontia to the general practice of dentistry is quite analagous with the similar and much-discussed relation between dentistry and the general practice of medicine, with one difference: We have a degree in dentistry separate from the medical title; as yet we have no distinguishing degree for the orthodontist. He

ORTHODONTIA

stands in the dental world just where the oculist, the rhinologist, and the gynecologist are found in the medical. This renders it easier to determine the ethical relations existing between this new specialty and the general dentist.

Two aspects greet us. In spite of the fact that there are separate dental colleges not only in America, but throughout the world, and a distinguishing diploma and degree, nevertheless, there are many, and always have been many, who have argued that the dentist should be a medical graduate. If there is any reason in the argument that the dentist should be primarily a physician, there is ten times as much need for the orthodontist to be a dentist. Yet, there be some who think that the future orthodontist should be made out of fledgling dental graduates. I respectfully submit it as my own view that the best orthodontist of the future, as in the past, must be forthcoming from the ranks of such men as begin in the regular practice of dentistry, and gradually choose to practice orthodontia exclusively from a pure love of the work, and especially because of their inherent love for and patience with children.

If this be true, it follows as a logical sequence that the dentist has the moral as well as the legal right to practice orthodontia; but he should have no legal right, as surely as he has no moral right, to undertake orthodontic work without a full and competent knowledge of the present requirements and technique. Any physician may treat the eye, the nose, the throat, or do any operation in surgery if he have the ability to do so successfully; but he may be mulcted in heavy damages, if he attempt such work and fail, because of lack of proper training or skill. The medical degree is no protection to the malpractitioner.

It is the same in dentistry. Any dentist may undertake the treatment of malocclusion, but he is guilty of malpractice in some degree if he does not first acquire the needed training and knowledge.

The sphere of the dentist in orthodontia is, therefore, to be considered from a dual aspect. First, the general practitioner who elects to treat malocclusion occasionally, and, second, the dentist who decides to refer all such cases to a specialist. The first man should have exactly the same knowledge as the specialist himself. For, if a dentist treats but one case a year, he is morally bound to know how, or else refer the patient elsewhere. And this is the fundamental difference between a commercial transaction and a professional one. The ordinary man is supposed to be competent to protect himself when making a bargain or a trade. But the patient relies entirely upon the word of the medical man or dentist, and the professional man who undertakes a case for a fee, knowing that he lacks the skill and experience to properly produce the best average



ITEMS OF INTEREST

result, is guilty of moral turpitude, which is exactly measured by the degree of his failure.

On the other hand, the general practitioner who decides not to treat malocclusion, but who elects to recommend a specialist, should at least inform himself sufficiently of the art to be a competent judge of the success or failure of the specialist into whose hands he takes the responsibility of placing the management of the teeth and jaws of a growing child. For, it should be remembered, that there are degrees of excellence in all crafts, and the mere fact that a man may announce that he has decided to "restrict his practice to orthodontia" does not prove that he is competent. I fear that already some are entering this new field, attracted by imaginary large fees, rather than because of any real love of, or natural fitness for, the work.

With this understanding of the relation between orthodontia and dentistry, it is my intention to-night in a brief way to address myself to the dentists who are not intending to practice orthodontia, rather than to those who may be treating a few cases annually. The latter should either have, or else as quickly as possible should acquire, full knowledge of modern technique. To the former I will attempt to sketch out the present state of the art.

Diagnosis in Orthodontia.

Diagnosis, which, of course, should be the first step in treatment, differs very greatly in the orthodontia of to-day from that of yesterday. And this may stand almost as an epigram, because, as the various problems are studied by real investigators who bring us new knowledge constantly, the yesterday in orthodontia is ever close behind us. The orthodontist must not be considered inconsistent who tells you one thing to-day and another to-morrow. He may, of course, be ignorant; but, then again, he may be progressive.

Not so very long ago the correction of irregularities was undertaken mainly for cosmetic purposes. The teeth which are visible when the lips are parted were noted to be "irregular," and the parent brought the child in to have these visibly "crooked" teeth "straightened."

To better comprehend this we should point out that crookedness really meant mal-alignment, and straightening included merely an alignment, this alignment being more particularly applied to the anterior teeth, and quite frequently to the teeth of the upper arch only.

Irregularities were looked upon mainly as falling into one of two classes. The teeth were either crowded, and therefore turned on their axis, or else the front teeth protruded, keeping the lips more or less apart.

ORTHODONTIA

Treatment was easily comprehended. The arches were to be widened, teeth rotated, and prominence reduced. In this latter work it was occasionally discovered that the arches could not be sufficiently widened so that the upper prominence could be satisfactorily reduced, in which case a couple of bicuspsids were often extracted, to "make room."

Etiology, in this not distant past, was quite as fully understood as treatment. Crowded arches were due to the fact that young lovers were inconsiderate enough to get married without first having their mouths and teeth measured and matched up. This, of course, showed no regard whatever for their possible offspring, and these married folks, mismated as to their dental organs, often brought babies into the world who later in life were compelled to suffer from a set of number nine teeth, inherited from Daddy, crowded into a number six jaw, a duplicate of Mammy's. Anterior prominences, of course, were but logical sequences of the pernicious habit of thumb-sucking.

So the dentists rotated teeth and widened jaws, and sometimes extracted teeth, all in order to more evenly align them, and to make the little patients, and especially little girls, prettier. And, of course, as the habits of refined society forbids the too wide opening of the mouth in conversation, it was useless to attempt treatment of the back teeth, "which never show anyhow."

Modern orthodontia, though probably still in a very primitive stage, compared with future possibilities, nevertheless has come to a truer comprehension of what should be the real purposes of the art. Treatment is no longer confined either to a mere alignment of the teeth, or to a beautification of the individual.

Diagnosis to-day means, first, a knowledge of occlusion; and, secondly, a study in each case presented for treatment, of the departure from an ideal occlusion of every tooth in the mouth of that particular individual, because such departures constitute malocclusion; and the orthodontist of to-day is engaged in the treatment of malocclusion, and this treatment has for its aim the restoration of the whole masticating apparatus to the nearest possible approach to ideal occlusion. Such treatment involves something more than a mere alignment of teeth; it involves a restoration, as far as possible, of the typical arch form, and also of the typical occlusal plane, and this latter is often much the greater problem of the two. These two fundamental needs are further dependent upon a study of the possible mal-relations of the two arches, considered mesio-distally, and a like study of the possible mal-relations of the jaws themselves.

All this, perhaps, sounds rather complex, nor indeed is it very simple even for the expert. Nevertheless, Dr. Edward H. Angle brought

ITEMS OF INTEREST

order out of chaos, and made true diagnosis possible and comparatively simple when he presented his classification. Much has been written in criticism of this classification, but based, as it is, upon certain definite and irrefutable facts, there is little doubt that it will remain the foundation of diagnosis long after all his critics shall have passed into that realm where all arguments cease and all men are as brothers.

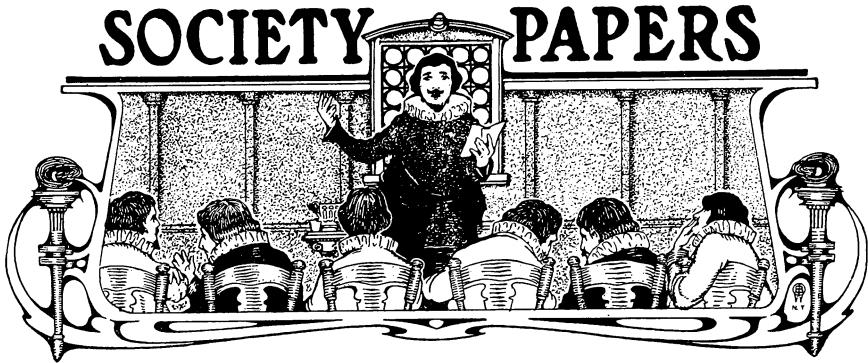
It follows then that all dentists should thoroughly familiarize themselves first with occlusion, and then with malocclusion. The dentist should not only be familiar with the general arrangement of teeth in normal occlusion, but he should know why each tooth occupies a definite place and a definite pose in the arch arrangement. Every tooth has a definite part to play, and to fully acquit itself of this function, must occupy a stated place and position. Any departure is to that extent a malocclusion, and the individual is just to the same extent incapable of the most thorough mastication of his food. Upon the thorough mastication of food largely depends the proper nourishment of the body, and upon such complete nourishment depends the harmonious working of the whole organism and the ability of the individual to resist disease. The mouth, we are told, is the portal of the body through which pass both health or disease. Let me add that the teeth are the sentinels at the gates, and in proportion as they do their full duty, so will the enemies enter or be repulsed.

I do not say that the dentist who is not intending to practice orthodontia should acquaint himself with the technique of the movement of the teeth. But, I do say this: He should be thoroughly competent to intelligently discuss the diagnosis of a case with even the most experienced specialist. I believe it would be eminently more satisfactory to many parents if the recommending dentist could be present and in consultation with the specialist at the time when the specialist explains his diagnosis and outlines the work which he hopes to accomplish.

The sphere of the dentist, then, is twofold. In cities where there is no specialist those dentists who elect to treat malocclusion should take post-graduate instruction in orthodontia, in order to give the children in his neighborhood the benefit of skilled attention.

Secondly, even in larger cities the dentist may practice orthodontia, provided first that he acquire proper knowledge of the three fundamental requirements: (a) Diagnosis; (b) Treatment; (c) Retention.

Lastly, all dentists should acquire sufficient knowledge of the present state of the art to enter into an intelligent consultation with a specialist.



Drainage in Antrum Cases.

By J. G. PARSONS, M.D., of Sioux Falls.

Read before a Meeting of the S. D. State Dental Association, June 29, 1909.

It was my privilege at the meeting of this Association two years ago to call attention to the importance of co-operation between the dental and medical professions, pointing out some of the common ground held by both professions and the desirability of working together for the good of our patients. I believe that there is an increasing appreciation of this fact, which will grow as the two professions learn more of each other.

Before dealing with the subject of this paper I wish to refer to some of the more important conditions in which it is necessary for the dentist and the rhinologist to co-operate. Diseases of the nose and throat as a distinct specialty is a comparatively new one. It has practically all been developed since the discovery of cocain, and has taken a great leap forward since the discovery of adrenalin. The progress in the last ten years has been something remarkable, and our present knowledge of pathological conditions of the nose has given us a wider range of work and a greater possibility of accomplishing results.

It has long been known that adenoid growths and hypertrophies within the nose which interfere with free respiration are causes of deformities of the palatal arch. Here the dentist and nose and throat specialist have work to perform together. The cause of the deformity must be removed to assure permanency of results. The dentist familiar with such conditions knows that as long as mouth-breathing, partial or continuous, persists, the influence of function of the tongue in keeping the arch spread by lying in the roof of the mouth can not be had. The baleful influence of a partial vacuum in the nasopharynx helps undo his work almost as fast as it is done. Further than this the dentist has come to realize that he has

ITEMS OF INTEREST

a duty toward his clientele which is something more than that of a mechanic who repairs bad teeth and replaces old ones with new. He is a therapeutic worker who prevents disease and saves life.

It appears to me that the inspiration to do work of this kind which is gained by attendance at such meetings as this, the reminder that his is a profession, not a trade, is one of the most valuable things which the dentist gets from the society.

So, when he sees his part in helping, together with the physician, *their* patient to breathe, he is accomplishing a great therapeutic result.

And this is just the case; for the newer nasal pathology shows that the deformed palatal arch, causing upward pressure on the septum of the nose, produces a buckling and consequent obstructing deformity within the nose, and breathing is interfered with. The work in orthodontia which spreads the palatal arch helps out remarkably in freeing the nasal passage from such obstructions. Again, it has been found that deflections of the nasal septum are frequently started by the faulty eruption of teeth in the premaxillæ.

It is also well known that carious teeth and diseased tonsils are a fruitful source of infection of the cervical lymph nodes, and that tonsils rendered diseased by a prolonged struggle with germs from an infected oral cavity, are easy prey to tubercle germs and those of rheumatic fever.

Here the prophylactic work of the dentist is something enormous, if only a part of it be done. Here also the rhinologist must work with the dentist for the patient's health and life.

The vicious circle of infected teeth, passing on the infection to the tonsils, thence through the lymph chain into the general system, impairing nutrition and rendering the teeth more susceptible than ever, is something which concerns both specialties.

The Antrum of Highmore.

This paper is especially concerned with one of the common fields for work between the dental and rhinological specialties. Why is the antrum of Highmore? God knows! Several theories have been advanced as to its function. It probably helps in furnishing an evaporating surface to moisten the air and acts as a resonator to improve the quality of the voice. This may succeed with man, but, if I mistake not, the jackass also has a spacious antrum and—tastes differ as to his voice. Pathologically, at any rate, the antrum serves the purpose of being a convenient starting-point for suppuration, from below, and a convenient catch-basin for suppuration that comes from above.

Infection of the antrum comes from dental and intranasal sources, and it is the purpose of this paper to discuss the different methods of drainage adapted to the different pathological states which are found.

Anatomically, there are certain fairly constant conditions present in the antrum, but there are several conditions subject to great variation (Fig. 1).

The antrum of the anatomy text-books is a pyramidal cavity, with a normal opening into the nasal cavity underneath the middle turbinal.

It has a very thin wall, which may be punctured from within the nose by a needle pushed under the lower turbinal.

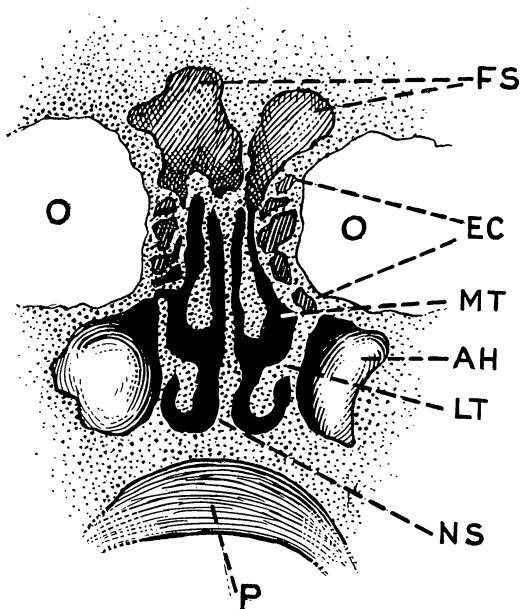


FIG I

Fig. 1. Drawn from photograph of section of head. P, Palate, above which are the nasal chambers, separated by NS, Nasal Septum. Above are the Frontal Sinuses, FS. The left sinus drains into the nose beneath MT, Middle Turbinate. Between the Middle Turbinate and the Orbit, O, are the cavities of the Ethmoid Cells, EC. Beneath the orbit is the cavity of the Antrum, AH. The nasal wall of the Antrum is filled in by LT, Lower Turbinate. Note thinness of antral wall under Lower Turbinate. Note, also, on right side, how secretions from ethmoid cells can readily drain into antrum.

It has another thin spot at the apex of the second bicuspid tooth. It is lined throughout with periosteum and mucosa, which are practically one, so that extensive injury to this membrane will result in necrosis of the underlying bone from lack of nutrition. The mucosa is for the most

ITEMS OF INTEREST

part composed of flat epithelium, which near the nasal orifice of the cavity becomes ciliated, favoring the discharge of fluids into the nose.

Anatomical Variations in the Antrum.

While these gross anatomical characteristics are fairly constant, there are variations from the other characteristics commonly supposed to be normally present.

A study of sections of heads will make apparent these variations, which must, of course, be taken into consideration in treating the antrum surgically.

With reference to the antrum cavity may be noted the following variations: It may be divided by septa into several parts. Frequently a distinct sinus is found through which the infra-orbital nerve runs, which would obviously escape notice unless the antrum were open for inspection.

The branches of the superior dental nerve occasionally run directly under the mucosa and are thus exposed to irritation which would lead one to suspect dental trouble even when there is no dental lesion present.

The floor of the antrum may be greatly thickened, so that the roots of the teeth which ordinarily come very close to the surface will be nowhere near the antrum. In some instances the floor may be found as high up as the attachment of the lower turbinal, in which case it would be impossible to puncture underneath the turbinal into the antrum.

Again, the lower part of the cavity may come to a point, instead of existing as a relatively flat surface.

The cavity may extend under the floor of the nose, or may be crowded to the outside, so that the nasal cavity may overhang part of the alveolar process.

Infection of the Antrum.

With all these possibilities in the way of variations in mind, it will be apparent that it is not possible to adopt any one simple method of drainage for all cases of antrum infection.

Without going into detail as to the pathology of infections of the antrum requiring drainage, we may note in passing that we may have to deal with anything from a simple mucopurulent discharge to profuse suppuration and putrefactive changes which, as is well known, give rise to the vilest kinds of odors and tastes.

The mucous lining of the antrum may be swollen and thickened, present a polypoid condition, or be disintegrated, and the adjacent bone be necrotic.

Infections of the antrum arise from two sources: (1) From infected

roots, whose apices are in close contact with the antral floor, sometimes even being in contact with the antral mucosa, and (2), from infectious material which enters from the nose through the ostium or normal orifice of the antrum.

It was formerly thought and taught that nearly all infections of the antrum were of dental origin, but a more thorough knowledge of nasal pathology, and of the anatomical variations in the structure of the antrum, shows us that at least half of the cases are of nasal origin. It is also altogether probable that the combined sources of nasal infection and infected roots are to be found in many cases.

The accessory sinuses of the nose, the frontal, ethmoidal and sphenoidal, are very liable to be infected together. More especially is this true of the frontal and ethmoidal cells, which drain into the same region under the middle turbinal, where also is found the opening of the antrum.

Prolonged "hard colds" are very liable to be infections of the ethmoid cells. The discharges are very liable to run down into the antrum, which, as remarked before, acts as a catch-basin for intranasal discharges.

It is possible in certain cases to pass an irrigator into the nasal opening of the antrum and wash out the cavity with antiseptic solutions. Lying on the opposite side, with the head lowered, gives a posture which facilitates drainage through this natural opening.

However, in those cases which do not clear up spontaneously, which is entirely possible in the milder cases of nasal origin, some surgical form of drainage must be resorted to.

The things to be gained by this procedure are removal of infectious material, both fluid secretions and such necrotic stuff as may have accumulated, and ventilation.

This last-named advantage is frequently overlooked, but it should be remembered that normally there is free ventilation of the antrum and that the closing of the ostium, such as may occur from nasal growths and hypertrophies, will make a closed cavity of it in which decomposition is prone to take place; that oxygen is needed to maintain a healthy condition of the membrane and its secretions.

Cooper's Operation.

The original antrum operation of Sir Astley Cooper has been the one most extensively used, and it serves a good purpose in those cases where the infection is localized about the apex of a penetrating root, which it would be good dentistry to sacrifice for the purpose of making a small drainage canal into the antrum. In view of the conditions which may prevail as to anatomical variations and extent of patho-

ITEMS OF INTEREST

logical conditions within the antrum, it ought to take very little argument to show that the old Cooper operation is necessarily very limited.

The objections to it may be briefly summed up as follows: In many cases it is working in the dark, without knowledge of the extent of the pathological conditions within the antrum. Should gross lesions other than simple suppuration be present, it would be impossible to remove them through the small opening which is made in this operation.

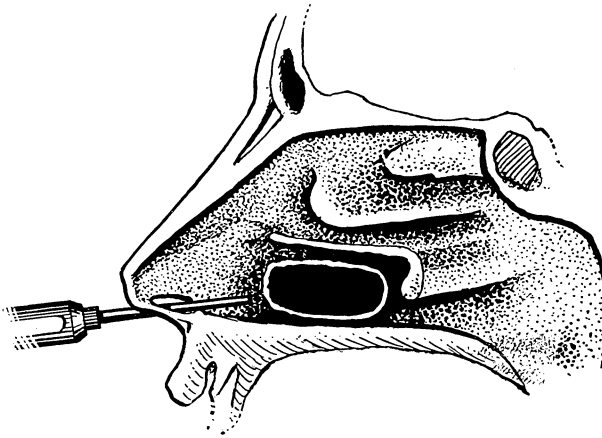


FIG II

Fig. 2. Lateral wall of nasal cavity, showing opening made into Antrum for drainage. Part of Lower Turbinal has been removed. Entire operation and subsequent irrigation and treatment is done through nostril.

The opening is too small for adequate drainage of pus. Free drainage is an unvarying surgical maxim.

The opening does not afford ventilation. It communicates with the oral cavity and is prone to reinfection, to guard against which a plug must be worn, which also serves to keep out particles of food.

The apex of the tooth may be considerably higher than the surrounding floor, so that the opening would not drain all the secretions which might be present.

The alveolar operation does not take into consideration the part which nasal disease plays in causing the infection.

It is because of these limitations of the old alveolar operation of Cooper that several more extensive operations have been devised, each having its sphere of usefulness.

**More Recent
Operations.**

The Kuster operation endeavors to solve the problem by opening the antrum in the canine fossa, after having dissected up the soft tissues and periosteum, through an incision made under the lip. It affords an opportunity for removing all detritus and establishes drainage into the mouth, the wound being kept packed with gauze and allowed to granulate.

The Caldwell-Luc operation carries the Kuster operation further and makes a counter opening into the nose, closing up the incision with stitches and carrying out after treatment through the nose. The Denker operation also makes a counter opening into the nose, but attempts to hasten the process of repair by turning into the floor of the antrum a flap of mucosa taken from the nose at the site of the counter opening.

The Jansen operation is based on the belief by its originator that all antrum cases requiring radical operation are associated with infections of the ethmoid and sphenoid cells. Therefore, the nasal wall is broken through after curetting out the antrum, and the ethmoid and sphenoid are attacked through the same opening.

It will be noted that these operations are decidedly radical and have the advantage of thoroughly removing all infectious material and broken-down tissue, getting into pockets behind septa hidden from view under ordinary conditions, and establishing free drainage, with the provision, in the last three mentioned, of leaving the antrum ventilated by opening into the nose.

Obviously such operations are difficult, severe and bloody, and require a general anesthetic. (Fig. 2.)

There is another operation of more recent origin, devised by Curtis, and modified by others, which in most instances will accomplish the results obtained from the more radical external operations without being so severe.

This operation attacks the condition entirely from the nasal side. A portion of the lower turbinal is removed, and such other intranasal disease as may require operation is attended to. An opening is then made through the nasal wall of the antrum, which is enlarged by appropriate instruments, after which flexible curettes are passed in and necrotic material removed.

The whole operation is done with practically no pain with cocain anesthesia. The opening is large enough to permit of free drainage of the antrum into its normal channel, the nose, ventilation is established and an opening is left through which irrigations and applications may be made readily.

This last operation is being extensively used by the rhinologists at

ITEMS OF INTEREST

present, and while it is not perfect, and in certain severe cases can not take the place of such radical operations as those of Caldwell-Luc and Denker, it does accomplish the purpose in a great many cases, affording a happy medium between the alveolar operation with its limitations and the more radical ones.

It has been impressed upon my mind that the dentist and the rhinologist should work together on these cases as on no other ones that arise.

An antrum case is most assuredly one for consultation in every instance. The nasal specialist needs the expert opinion of the dentist as to the possibility of the dental origin of the infection. The dentist needs the assistance of the nasal specialist to determine whether the case is not, in part at least, due to infection from within the nose. Lastly, and most important of all, the patient needs the co-operation of both.

It is our duty to leave nothing undone that will have any influence in bringing about a speedy permanent cure.

The Care of the Teeth.

By C. EDMUND KELLS, JR., New Orleans, La.
Read before the Atlanta Society of Dental Surgeons.

While there are numerous dental magazines published, I think it safe to assume that the *Cosmos* and the *ITEMS OF INTEREST* carry the subjects of paramount interest of the day.

Examining the files of these two journals for the past three years we find their pages occupied by articles upon gold and porcelain inlays, prosthodontia and orthodontia, which one would almost be led to consider was the leading topic of the day, and scientific discussions of many kinds, while the subject of the care of the teeth is so nearly ignored that it would appear to be of no interest whatever.

The very few papers upon oral hygiene which did appear do not treat the subject in as practical a manner as I think is warranted by its importance; one writer after advocating alkaline mouth-washes, recommends the use of Listerine, which is, of course, an acid preparation.

In practice we meet with new patients continually. During the past year I added to mine some "natives," quite a number of new additions to the population of our city, and some visitors from other cities. It may surprise you to learn that not one of these people brushed his or her teeth correctly, and all stated that they had never been taught to do so. What is true in this respect, of this year's acquisition to my clientele, is almost equally so of those who have come to me in the past. It is very

rare, indeed, that I find a new patient giving the teeth the proper care, or who has ever received the proper instructions regarding the same.

This fact, coupled with the lack of literature upon the subject, as evidenced by the files referred to, is my reason for bringing it before you this evening.

**Instruction to
Patients.**

To each new patient I explain carefully the absolute necessity for the daily care of the teeth and the futility of having them filled and otherwise treated by a dentist unless such personal care is given.

The necessity for the use of floss silk is explained. To men whom I cannot expect to use silk I recommend light rubber bands. The use of wooden toothpicks is condemned, and the reasons therefor explained at length.

Then a practical demonstration of the proper method of brushing the teeth is given with this set of teeth and brush. [Demonstrating with set of teeth.]

By the way, this set of teeth was made by my father, certainly fifty years ago. Would not any one of us here to-night show such a specimen of his handiwork with pride? But to the point. I take this set of teeth, and a brush, and demonstrate how to brush them *properly*. I say: "You can brush your front teeth with a nail-brush or a flesh-brush, or with almost any old brush, but you require a small and properly shaped brush in order to thoroughly reach the back teeth. Upon opening the mouth the muscles are drawn more or less tightly against the outside surfaces of the back teeth and one must have a curved brush with short bristles in order to keep them clean.

"Now there are many ways in which the teeth can be brushed, but there is only one proper and correct way. The outer surfaces of the *upper* teeth should be brushed downwardly only and with a rotary motion of the brush; never crossways. In this manner, by placing the bristles upon the gums of the upper teeth and flipping them downwardly, every portion of these surfaces is reached and all particles of food between the teeth are removed. Besides, in this manner the gums receive the proper amount of friction to maintain them in good condition, and they are not irritated and thus caused to recede.

"Brushing these surfaces of the teeth crosswise causes undue friction and must necessarily injure the gums at their attenuated margins.

"The lower teeth are brushed by rotating the bristles from below upwards.

"The grinding surfaces are brushed in all directions, after which the inner surfaces are brushed in as much of a longitudinal direction as is possible under the circumstances."



Here I wish to call the attention of my hearers to how easily erroneous teachings can be given. In the pamphlet, entitled "The Mouth and the Teeth," issued by the National Dental Association, and I believe quite recently published for general distribution, we read, under the instructions for using the tooth-brush: "For the inner and outward surfaces the teeth should be brushed downward and upward." It is readily seen that these directions instruct the user to brush the surfaces under consideration, that is, the buccal and labial, both up and down, which is radically wrong and must result in injury to the gums.

I invariably emphasize the fact that these surfaces are not to be brushed up and down, but the upper ones down only and the lower ones upwardly only. Continuing with the instructions to the patient, I endeavor to impress upon their minds the great importance of using alkaline washes frequently and in quantities, and the advantages of floss silk.

"Many standard mouth-washes that are on the market are undoubtedly good and pleasant, but they are not inexpensive as a bottle should only last an ordinary family about a week. If it lasts longer, then you are wasting your money because you are not using a sufficient quantity to derive the desired benefit therefrom. So if money counts, use lime water, which can be made by yourself, and a year's supply will cost but a trifle."

For awhile I satisfied myself with giving these verbal instructions, but I finally realized that some of the directions were soon forgotten, so I printed them on cards, giving one to each new patient. These read as follows:

(Front of Card.)

CARE OF THE TEETH.

Upon rising, the mouth should be thoroughly rinsed with an alkaline mouth wash, preferably Glyco-Thymoline, Borine or Lime Water.

After breakfast waxed floss silk should be passed between the teeth (being careful not to injure the gums, in the process), after which the teeth should be most carefully, thoroughly and *correctly* brushed, using an approved dentifrice or precipitated chalk.

After luncheon, when possible, floss silk should be used, and the mouth most thoroughly rinsed with a wash, if convenient, otherwise with clear water.

After dinner repeat the above.

Just before retiring, the teeth should be again thoroughly and *correctly* brushed with the dentifrice and the mouth thoroughly rinsed with a wash.

Nothing short of the above constitutes good care of the teeth, when the mouth is in a healthy condition.

If the gums have a tendency to bleed, or there is extreme sensitiveness of the teeth, other treatment may be necessary.

Tooth picks should not be used, but if insisted upon, only fine quills. Wooden tooth picks should never be used.

C. EDMUND KELLS, JR.

(Reverse of Card.)

LIME WATER.

Lime water is one of the best mouth washes. Should be made at home and used *profusely*.

Place about a cup full of unslacked lime in a half-gallon bottle, fill with water, cork well and shake several times during the day.

Upon the following morning, pour off most of the water which contains the washings of the lime and throw away.

Fill again with water and shake well. When settled, decant into smaller bottles to be kept upon the toilet stands, and as long as any lime remains, water may be added, when the bottle should be shaken.

For use, dilute the lime water with about equal parts or more of water. Keep the bottles well corked.

C. EDMUND KELLS, JR.

Finding that many of my patients who were inclined to follow these instructions failed to do so on account of the inconvenience, if not impossibility, of obtaining that which I desired them to use, especially unslacked lime, I concluded to supply them with their needs.

After much trouble and time spent in the endeavor, I finally succeeded in obtaining a suitable preparation of lime, put up in hermetically sealed vials. So that now my patients can obtain from me floss silk, lime, dentifrices, and brushes, and, therefore, they can have absolutely no excuse for neglecting their teeth.

The cards of instructions are also enclosed with my monthly bills six or more times a year.

For the care of children's teeth I give separate instructions, and these also are printed and given when necessary.

These instructions read as follows:

CARE OF CHILDREN'S TEETH.

The proper care of children's teeth is of the utmost importance, and while it is a fact that the temporary teeth will be lost, it is nevertheless true that their neglect may bring about more serious results than the same neglect of the permanent teeth.

As soon as the first tooth is well erupted, the use of the mouth rag should be supplemented by that of a soft brush, and with this and clean water the teeth should be carefully brushed every day.

Immediately upon their full eruption, the surfaces which are in contact with each other should be polished daily by means of suitable floss silk.

When the child has reached an age at which it will not swallow everything that is put into its mouth, precipitated chalk should be used upon the brush once a day.

If the teeth were perfectly formed when erupted, this care should keep them in perfect condition, provided always that the proper diet has been insisted upon.

Little children should not be allowed to eat candy or other sweets. If there is any agent which will ruin infant's teeth more quickly and more seriously than condensed milk, it is not known to the writer.

ITEMS OF INTEREST

Unless there is evidences of such necessity, the child need not be taken to the dentist until it is two years and a half old. At that age the teeth should be carefully examined by him, and again every three or four months.

However, if at any time dark stains accumulate upon the teeth near the margin of the gums they should be polished off. It is absolutely essential that all surfaces be kept clean and bright.

The decay of these temporary teeth insures the child untold discomfort and pain, and usually interferes with the proper eruption of the second set. Owing to their nature it is most essential that all cavities should be filled in their incipency.

The extraction of any temporary teeth before the period for the eruption of their permanent successors usually interferes with the proper eruption of the second set.

The first teeth of the permanent set to appear are the first molars, which should erupt at about six years of age and before any of the first set have been lost. These teeth should be kept under a watchful eye as they are very prone to decay.

If at this age the arches have not grown, and all the front teeth so separated that one or two thicknesses of blotting paper can be put between them, the second set are sure to be crowded and irregular—in such cases the arches should be expanded and the necessary space made to accommodate the larger teeth of the second set.

While some children may contract unfortunate habits notwithstanding the most strenuous efforts being made to prevent their doing so, the permitting of a child to suck its thumb or fingers, or the giving it a "pacifier" is simply criminal, as most serious results must follow.

The harmfulness of mouth breathing should be recognized and the necessary steps taken to cure it.

During the eruption of the second teeth they should be given special care and should be examined at least twice a year and cleaned and polished as often as necessary. Cavities should be filled in their incipency.

If the family dentist were charged with the duty of sending for the child at stated intervals, the chances of neglect upon the part of the parent would be minimized.

Eternal vigilance is the price of good teeth in the child as well as the adult.

C. EDMUND KELLS, JR.

In my early days I appreciated the fact that I could not brush my own teeth satisfactorily with any brush which I could find on the market. After numerous failures to get a satisfactory brush made, I went to a small factory in Brooklyn and there shaped a handle to suit, and the foreman put in the bristles under my direct supervision. This pattern proved so very satisfactory that I have used it ever since, and it is generally liked by my patients.

Some years later the Prophylactic brush was marketed, and since then numbers of others upon the same order have come out. These brushes are enclosed in envelopes upon which are printed the following directions:

"This brush is of such a size and shape as to best suit it to the brushing of teeth in the *only proper manner*. If such method has not been explained to the user, an inquiry relative thereto should be made."

Thus you see I give my patients most minute instructions for the care

of their teeth; supply them with what is necessary if they so desire; continually refresh their memories by the cards which are mailed, and in this way I believe that I do my full duty towards those who entrust themselves or their children to my care; and my conscience is clear on that point, at least.

I remember well being at one of the meetings of the American Dental Association, when a prominent member showed a large number of very extensive gold fillings in the mouth of his son, who was about twenty years of age. The work was beautifully executed, but I could not help thinking what a sad exhibition of the father's neglect did these teeth present! He evidently believed in restorations and not prevention.

In a conversation not so very long ago with an excellent dentist, about thirty years of age, he said: "I never did believe much in mouth-washes!" And to me that was very evident from the condition of his teeth, some of which had been lost, and the balance had numerous cavities and fillings, many of which were at the cervical margins.

If a person were to say to me, "I am willing to do one thing, and one only, in order to preserve my teeth, but as to all this bother of brushing and using floss silk, etc., that is out of the question," I would say: "If that is the case, rinse your mouth about a dozen times a day with lime-water, and do it thoroughly each time." That is the value I place on an alkaline mouth-wash.

A few years ago I met a very prominent man, who endeavored to convince me that a well-advertised mouth-wash, of decidedly acid reaction, was more beneficial than an alkaline wash. This statement I admitted I could not contradict because I was in no condition to prove the contrary; "but," I said, "I have used alkaline washes—mainly lime water—in my own family for over twenty-five years and can 'produce the goods.' Show me equally as good results obtained in your own family by twenty-five years' continuous use of acid washes and I will be convinced, but until you do I must of necessity stand by my old methods." And he failed to "make good."

Now, gentlemen, my practice for thirty years having been confined to the far South, it were folly for me to pass opinion on practice in other climes, and, maybe (though I doubt it), acid washes may be beneficial there. But beyond a doubt I do know that down in Louisiana, where the golden tassels on the sugar-cane wave gracefully in the southern breeze, where the orange blossoms and honeysuckle fill the balmy air with their delicious perfumes, and the mocking-bird charms the ear with delightful melody—there in that land, not of promise but of realization, the care of the teeth which I have described does produce veritable "pearls beyond price."



President's Address.

By DR. FRANK G. GREGORY, D.D.S., Newark, N. J.

Read before the New Jersey State Dental Society, July, 1909.

By our program we are promised an interesting variety of essays, a host of exhibits and an array of clinics that will develop features of usefulness and methods better than those practised by men not keeping pace with the onward march of modern dentistry.

Possibly the men engaged in the practice of dentistry are so zealous of their professional attainments that they do not develop along those practical business lines that would put value upon their property, or else, feeling assured of an earning capacity, the hard-earned money is parted with easily. Instead of being prudent and frugal, the dentist is apt to be extravagant. We do not rightly estimate the service rendered and too often ask a fee inadequate. Personally, I have come to the conclusion that most of us would be better provided for by having a responsible guardian take care of our funds.

Dr. Louis Jack, one of the oldest dentists of Philadelphia and a gentleman well known to the profession, lately read a paper before a society in Philadelphia and stated that during his long term of practise, covering a period of over fifty years, he had known of only one dentist of the many prominent men in that city who had died leaving a competency. Why is it so?

Through the generosity of a local supply house and other parties, two places have been equipped, and experienced men are devoting stated periods of time to operative work upon patients recommended by the Bureau of Charities. Practical work of this kind will bring our profession in an educational way before a class of people not acquainted with the great benefits obtainable in preserving a healthful condition of the mouth and teeth of growing children. The society owes a debt of gratitude to the men so unselfishly engaged in this good work.

There are many matters of great importance for us to consider, and I would respectfully call your attention to some of them.

There was appointed a committee to report at this convention a Constitution and By-Laws that would result in the cementation of all ethical practitioners throughout our State, and I trust they may have devised a basis whereby our State society will bring every such dentist into a closer relationship, giving strength numerically, ethically and professionally to this honored organization.

**Interchange of
License.**

New Jersey has the high honor of being aggressively interested in the interchange of license between the various States of our country, and she is anxious that the work be promulgated along those lines that shall culminate in the adoption of a plan whereby men in our profession, who by their knowledge and experience are entitled to that recognition of the ability they possess, shall not suffer humiliation at the hands of any board of examiners to whom they apply for a privilege they may be justly entitled to.

Wm. Carr, President of the National Dental Association, in his address at the meeting of the association held in Boston, made the following comment: "Among the matters which appear to be of vital importance to us at the present time is the problem of State interchange of license."

Is it right that a dentist who has spent years in practising his profession, who has gathered a clientele and has gained the respect and confidence of the community in which he has lived, if forced to leave the State on account of ill health, family affairs, or other reasons, should be compelled in his new home, at an age when, perhaps, it would be difficult for him again to fulfill his early requirements, to pass a State board examination designed to test the knowledge of the young graduate who comes fresh from the halls of his Alma Mater?

How many of us, gentlemen, do you think could pass a State board of examination to-day without preparation?

Dr. Carr recommends that all boards require a preliminary education equivalent to a four-years' course in the high schools.

There is no better nor more just basis of exchange of license between the various boards than what is known as the Asheville resolution, Dr. Stockton's resolution.

Several States now interchange with us, and New Jersey stands ready to interchange with any or all the States on the basis of this resolution.

**Board of Examination
and Registration.**

During the past year the board of examination and registration for our State have been exceptionally busy; during the past month no less than sixty-five candidates have been required to demonstrate their fitness to become licensed. There has been unusual activity in the prosecution of offenders, and eight men have been compelled to close offices operated in violation of our State laws, and a number of suspects are having the web woven that will cause them to vacate or qualify for practice. To accomplish this work, the men comprising the board, together with the aid given by the Secretary's assistant and various

ITEMS OF INTEREST

members of the society have been obliged to secure competent evidence that would stand in a court of law, and spend their time and money that the profession of dentistry should continue to command respect and honor throughout our beloved State.

I would recommend that a fund be raised to continue this praiseworthy work until every community be freed from impostors and our beloved profession come into possession of her rightful heritage. Men who, by proper equipment and a conscientious discharge of their obligations have done their duty to the public, have the right to demand the overthrow of the impostors.

Examination of Teeth.

Much has been accomplished by our committee on the care of children's teeth in our public schools. This is a work of such great importance that I trust we shall have a practical solution of the problem in the not distant future. As we appreciate the need of such a work, let us encourage the establishment of a system whereby the children in our schools shall receive dental attention adequate to their needs.

An effort has been made in Newark, one of our large cities, to give the deserving poor a service helpful and comprehensive.

It is clear to me that we should make an effort to have established in every public school, certainly in every industrial school, a room set apart, properly equipped, where dental and medical examinations could be made under proper sanitary conditions.

This will provide a field of work that will bring the dentist into his sphere of greatest usefulness to the public and endow the profession with an honor we will cherish as one of our best legacies.

Dental Statistics.

We feel impelled to pay homage to one of our members for the very efficient service rendered during a period covering five years in tabulating the statistics of the dental colleges of the United States and the dental laws of the entire world. The output of the colleges was dissected individually in each subject taught to each man, and the calibre of instructions has been tabulated. The enormous volume of detail labor can hardly be appreciated and the colleges have been, through this work, compelled to raise the standards of their curriculum. The entire dental profession is given an impetus that will be for its betterment, and dental faculties through this work have realized their deficiencies.

As a society we feel proud of Dr. Irwin and thank him for so faithfully prosecuting a work of such magnitude.

The Financial Side of a Profession.

By DR. ANDREW J. FLANAGAN, Springfield, Mass.

Read before the New Jersey State Dental Society, Asbury Park, N. J., July, 1909.

Several invitations have been extended to me by your society to appear before them as an essayist. Circumstances have prevented me from accepting until this year. As I have already appeared before the Central and Southern Dental Societies, I feel I have many acquaintances here this evening. The Chairman of your Essay Committee was sent a list of some five or six subjects by me from which to make a selection suitable for this evening. Horrors of horrors! He selected from this list of subjects the only one not of a technical or scientific nature—the one I least thought worthy of choice. Can it be that your Chairman has visions—because of the title of this paper—of automobile ownership, realty investment, or a recoup from being on the wrong side of the stock market?

The first of August of the present year will be the twenty-fifth anniversary of my entrance into the study of dentistry, and this year is my twentieth in practice. For more than fifteen years active participation in Dental Society work has been given freely. Of necessity these years have brought forth observations, experiences, thoughts—deductions. To-night you are to have these in relation to the financial side of dentistry—a side little exploited in dental literature. At times it seems to me that the financial side—of all professions—is too sacred a thing to talk or write of, and, as the Irishman remarked about the truth, it is something too precious to be used on every paltry occasion. This is not to be a paltry occasion.

As you well know, there was a good and learned man centuries ago by the name of Hippocrates. He formulated that code of ethics for the practice of medicine known as the "Hippocratic Oath." It may be rightly claimed that this oath is the foundation of all so-called codes of ethics of the present—even of the dental. A perusal of ancient history proves that not all professional men followed the teachings of Hippocrates. Present history reads likewise. An analysis of our present code of ethics brings this deduction to me. They treat of the practitioner, confrère, and patient not only as the center of interest, but the boundary.

I believe *we* owe the world a living—not that the world owes us one; that every man should be capable of self-support; that this self-support should enable us to support also those dependent upon us; last, but by no means least, we should be able to lay aside for the rainy day.

ITEMS OF INTEREST

Does the ethics ring true which says our patients have greater claims than our family, dependents or obligations? Is he more perfect in morals who gives freely to his patients and profession while denying to his dental dealer, grocer, butcher—and undertaker? The twentieth century code of ethics should not be circumscribed; rather should its boundary include all that the Golden Rule implies in its perfection of the universal. True professional life is not always a matter of abstract principles, but rather a succession of pitiful compromises with fate, of concessions to old traditions, old beliefs, old charities and frailties. There is an old tradition left to medicine and dentistry in the implied thought that these callings have no financial sides to be considered. I was going to say a business side, but I used the word “financial” out of respect to those refined natures who believe a rose by another name may smell the sweeter. Tradition at times implies a descent—an ancestry. Let me tell you a story.

Patrick Morrissey was invited to a public gathering of an informal nature. He was presented to a woman proud of her descent. In the course of the conversation the question of ancestry was brought forth. “Mr. Morrissey, may I ask what is your ancestry?” Pat did not quite understand the question and Mrs. De Puyster further explained that she meant his lineal descent. Mr. Morrissey even then could not grasp her meaning, and another lady further explained that Mrs. De Puyster meant in plain words, the people his forefathers sprang from. There was an *immediate* understanding. “Mrs. Dey Paster, I would have you daystinctly understhand that my forefathers never sprang *from* anyone—they always *sprang at* them.”

It is my belief that dentistry is part of the healing art, that teeth are subject to the laws of health and disease, and he is the best dentist who gives to his patient the greatest comfort for the longest time. It is also my belief that true success in any calling is not alone dependent on what we might term scientific and technical ability; common sense, the rarest of all senses, and a knowledge of human nature are mighty important governing factors in the successful and pleasing practice of dentistry. Let us then, this evening, apply common sense and a knowledge of human nature to a consideration of the financial side of our calling.

Obtaining Respect from Patients.

In the course of operations patients speak of dentistry as high-grade mechanics; many do not speak it—imply it in their actions. A good student of human nature has here the opportunity for making or unmaking success. Fully seven-tenths of humanity mean by this a low rating of your services—a fee in proportion.

Would it not be well to show your patient some of those drawings by Mr. Frank Harrison, of England, calling attention to the pathological conditions of the teeth and associate parts? He thinks well of physicians—better of surgeons. Inform him that more than one-half of all major surgical operations are now made of appendix operations, which demand a very ordinary skill as a surgeon; the same ability which enables a dentist to vent a tooth, vent an abscess with the lancet or trephine, remove pulps from teeth, gum from third molars, remove impacted third molars, to make a diagnosis of obscure neuralgia and various forms of stomatitis, faulty metabolism, abnormal saliva, stoppage of saliva ducts, hypercementosis, infected glands and tissue, pulpitis, interstitial gingivitis, caries, necrosis and syphilis. That Davy, Stephenson, Whitney, Morse, Edison and hundreds of others exhibited the same ability when they became benefactors to mankind. That the cells of the brain, which enables the hand to produce the useful and beautiful, are equal to those which preaches the sermon, produces the book, or rules the country. If he lived in Springfield, Massachusetts, you might inform him that we have the first Mechanic Art High-school in this country, and that it was not patronized to any great extent until Principal Charles H. Warner changed its name to Technical High-school, since which it equals—and is about to pass—in attendance the Classical High-school. And yet some fellow has said, "What's in a name?"

Did it ever occur to you that most dental practitioners start in practice with certain fees and never get higher? Tell me of any other calling where time passes and increased ability comes, wherein increased fees do not usually follow. Other things being equal, is the man of five years in practice worth the same fee as he of ten, twenty, or thirty-years' experience? Is the knowledge imparted at the dental chair in matters of dental education, hygiene, and prevention of less worth financially than similar events in medicine? Who has educated the greater portion of the public to the thought that dentistry is to be paid for in proportion to cost of material used, and that time and ability are factors of small consideration; that many dollars will be spent to repair caries, replace lost parts by crown and bridgework, while a paltry one dollar is asked for the so-called cleaning of the teeth? To sum up, do you know of any calling—which pretends to be a profession—where more time and actual ability are given with less financial return?

**Increasing
Value of Dental
Service.**

Observation leads me to believe that in the vast majority of dental practices, the age of forty-five marks the time of competence or indigence. Law, theology, literature and medicine seem not to be so limited. If this statement of competence be true of

dentistry, what if the lesson taught? If one arrives at a time where his services are in over-demand in a community, he should take a critical consideration of the situation. The average practice admits of two ways of the solution—increase your fees or secure the services of an assistant. Another way not applicable to the average practice is a combination of both methods. Early in this paper a statement was made that the best dentist is the one that gives his patients the most comfort for the longest time. It is repeated here, because experience has taught me that this statement is the keystone that binds a dental practice to its fullest completion and satisfaction. Let me ask you two questions: Is not he who saves teeth for the longest time with the greatest comfort to the patient a benefactor to his patient? Is not he who prevents discomfort and suffering to his patients by advice and methods of hygiene and prevention a greater benefactor?

**Increase of
Fees.**

The pages of dental journals fairly teem with suggestions for increased fees by the use of more expensive material in daily practice, not because of itself it is best, but because it is a means to educate the patients to pay higher fees. Why wonder that the average patient willingly pays for the material, not for the service? Who educates the public as to the appreciation and value of dentistry? A question of mathematics comes to my mind. If 75 to 90 per cent. of teeth are saved by the use of plastics and you wish to increase your income, why endeavor to educate patients to give increased fees for 10 to 25 per cent. of your practice while neglecting the 75 to 90 per cent?

Again, if one-third of your time is expended in such affairs of practice as are not remunerative, why not make them so, or, if impossible, discontinue same? If your time is fully occupied at the chair, why not have an assistant for laboratory work? It takes time to answer telephone, attend to correspondence, make appointments, keep accounts, collect bills, clean and sterilize instruments, to meet and dismiss patients, to do a hundred and one other things—why not have an assistant for these? To briefly sum up, why have a \$50.00 person employed on a \$5.00 job?

It is not my wish that you should have a wrong impression of my intent here, as was conveyed by a conversation between Mr. Jones, the proprietor of a large mercantile house, and his clerk. Mr. Jones was finding fault with the service rendered by Mr. Smith as clerk. To further impress Mr. Smith as to his want of endeavor and industry, he told him he came into this same store as an office boy, and at the present age of Mr. Smith—which was thirty-four—he owned it. Mr. Smith looked smilingly on the proprietor and nonchalantly remarked that to own

that store to-day at the age of thirty-four would be a proud thing, but to own it when Mr. Jones was thirty-four was a very ordinary affair—it was not the age of the cash register.

"To safeguard your future, secure independence and make real headway in the world—save money! Heed this, for it is the truth; and in this truth and the way you use it lies the success or failure of your life."—LASALLE.

"Every wave of prosperity has its reacting surge, and we are often overwhelmed by the very billow on which we thought to be wafted into the haven of our hopes."—W. IRVING.

"The lawyers and doctors get only a few grains of corn that fall through the cracks; the businessman owns the crib, full of ears."

Capital is accumulated labor, and it behooves the professional man to put aside for the days of want and old age. Some few years ago the Franklin Syndicate, of St. Louis, was fleecing the American public by taking large and small sums of money and promising large returns on their various schemes of getting rich. The Government closed up their offices and the various officers fled. In the search of the offices interesting records were found. It seems that people following certain pursuits had a rating as to the ease in which they could be relieved of their hard-earned money. The professional men were all put in a class by themselves and marked "easy." Strange to say, the dentists were given the position as being the "easiest" on the "easy" list. From the amount of mail matter going through the mails at the present time relative to the thousand and one schemes of getting rich, "all full paid and non-assessable," they must be yet at the head of their class. Some fellow has said that in the promotion of financial schemes there is a sucker born every minute. It seems to me he made a mistake; they're twins, and they never die. It reminds me of a story.

"Mornin', Hi."

"Mornin', Si."

"What was the name of that Mining Company yer mentioned the other day, Si?"

"The Catchem and Fleecem Company, Limited, Hi."

"Did yer buy any of the stock, Si?"

"Yep, all I cud rake and scrape—about 2,000 shares, Hi."

"Mornin', Hi."

"Morning', Si."

(Six months later.)

"Mornin', Hi."

"Morning', Si."

ITEMS OF INTEREST

"Was that company yer bought yer mining stock of located in Arizona, Si?"

"Yep, Hi."

"Chartered under the laws of the State, Si?"

"Yep, Hi."

"Did yer certificate read 'full paid and non-assessable,' Si?"

"Yep, Hi."

"Well, I bought 1,500 shares of that same company, Si."

"Yep, Hi."

"Well, they stuck me, Si."

"So they did me, Hi."

"Morning', Hi."

"Mornin', Si."

When you want solid information about investments, go to your

local bank or bankers for information. When I say bankers I don't mean speculators or promoters. Bankers are in a class by themselves. If you are dealing with a marine promoter promoting a deal, you will furnish the ships; he will attempt to keep pace with your generosity—he will furnish the ocean.

Let me give you some statistics. One mining venture in 1,500 is a success; one stock market gambling scheme in 900 wins; last, but by no means least, of business men who remain in business until they are sixty years of age, only 5 to 10 per cent. are a success.

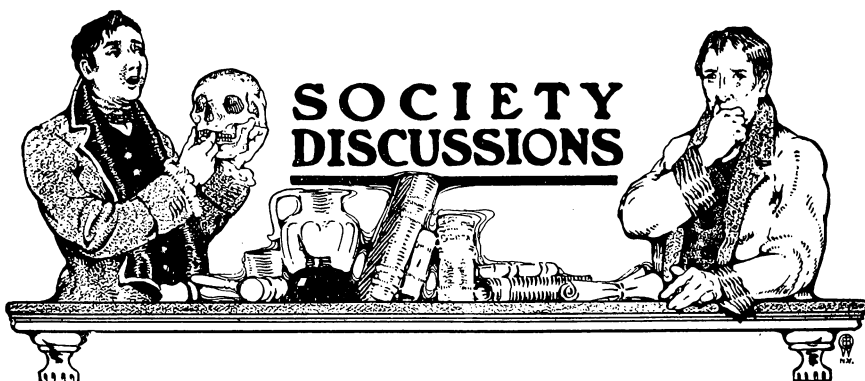
Investments. The average professional man is best saving who discounts his bills, who buys dental supplies in quantity rates, who patronizes the savings bank, buys the various forms of life and accident insurance, buys realty—outright or in mortgage form, loans money on ample security, and buys bonds and stocks of intrinsic and known value. To do this means economy, but not the economy of the Irishman. He was a member of a City Council and wished to save money for the city. After seconding a motion to appropriate money for a new school-house, he made a plea that they use the bricks of the old school-house to build the new school-house, but to allow the old school-house to stand until the new school-house was finished. Neither is it the economy of the darky who was being remonstrated with for not shingling a long neglected roof of his cabin. "You see, Boss, 'tis like dis: "When the sun am shining 'tain't necessary to shingle, and when it rains—why, youse just can't, Boss."

I am afraid you have been tired by this effort. Let me leave you a few suggestions. When you wish something to read relative to

dentistry, but not of a truly technical or scientific nature, yet of value and interest, read Habec's Monthly Buffalo Letter in *Dental Practice*; the writings of Dr. Frederick Crosby Brush, of New York City, on "Professional Business"; Dr. C. N. Johnson, of Chicago, on the "Conduct of a Dental Practice"; Dr. Louis Jack, of Philadelphia, on "Aids to Successful Practice"; the various writings of Dr. G. W. Clapp, the Editor of *The Dental Digest*; the various writings of Dr. Frank W. Sage, of Cincinnati, on "Pitfalls in Daily Dental Practice."

A last suggestion: Let dental writings be the center of your reading—but not the boundary.





New Jersey State Dental Society—Thirty-ninth Annual Session.
Wednesday, July 21, 1909, Morning Session.

President Gregory called the meeting to order.

The Secretary called the roll and a quorum was found to be present.

The Secretary presented the resignation of Dr. John A. Voorhees, which on motion was accepted.

Dr. Charles A. Meeker presented the following resolution:

“WHEREAS, it is a conceded fact that many of the most brilliant members of our profession are not equipped as business men and in their declining years many of them are in want, and,

“WHEREAS, members of dental societies in this and other States in former years and at the present time have been and are contributing toward the maintenance of infirm and aged members of the profession, and,

“WHEREAS, it is the duty of the dental fraternity to do this good work, and, there being no system of thus aiding members of the profession, therefore, be it

“Resolved, that the President, before the close of this meeting, appoint a committee of ten members to report at the 1910 meeting concerning the creation of a trust fund by subscription or by an advance in the dues for the systematic relief of members of the State society only, who have been active members for not less than ten years and who may be in want, and that this committee be a permanent one to report to the society annually.”

In presenting the above resolution Dr. Meeker stated that he offered



SOCIETY DISCUSSIONS

it early, so that members might have an opportunity of considering it and suggested that the matter be laid on the table, to be taken up later in the meeting for action.

On motion of Dr. Moore Stevens, the above resolution was laid on the table.

At this point President Gregory surrendered the chair to Dr. Brinkman in the absence of Vice-President Naylor.

Discussion of President's Address.

Mr. Chairman, I am very glad indeed to see so many here this morning at the opening of the session, to hear the President's address. It is what I have often said is due to the President. If you have confidence enough in him to elect him your President, you should show him enough respect to come here and listen to what he has to say, and I am extremely gratified this morning to see so many here.

There are two or three points in this address that I want to discuss. One is the matter of the interchange of licenses, which I have spoken about before, and I am glad that the President thinks it of enough importance to incorporate it in his address and that the President of the National Association, Dr. Carr, referred to it at Boston in the terms which the President has just quoted. It does seem only right that any man who has gone through all that is necessary in order to become entitled to practice our profession, should not be confined in his practice alone to the State in which he happens to live when first licensed. There may be circumstances beyond his control requiring his removal to another State. He has met all the requirements qualifying him to practice dentistry in New Jersey or anywhere else, and why should he be barred by the Hudson River flowing between New York and New Jersey, or by the Delaware flowing between Pennsylvania and New Jersey?

Dr. Carr takes the ground, perhaps justly so, that one must be a graduate of a high school in order to come before the New York board. I take the ground, on the contrary, that if a man has had our board's examination, he is equally well qualified to practice in New York, Pennsylvania or anywhere else, as in New Jersey. I do not care so much about the preliminary education, although, I want to say here in parentheses, the better the education of the applicant, the better and higher he is

ITEMS OF INTEREST

likely to rise in the future. I should be very glad if the laws of this State were changed so as to make the preliminary requisite a high-school qualification, instead of a grammar school. The time will come with us when the applicants must be graduates of a dental college, and let us increase as far as we can the qualifications of men seeking licenses.

The resolution which was passed at my instance at Asheville, known as "the Asheville Resolution," simply provided that a dentist in one State desiring to practice in another must be a graduate of a college; he must have passed the examination before the State board in his State; he must have practiced five years and be of good moral character. What more can you want of any man as qualifications to practice in any State in this Union? He goes before the board of the State in which he resides; he does not go before the board in the State in which he is going to reside, but before the board in the State in which he does reside; he comes before his peers, the men who know him, and have known him for five years or more and know whether he is a fit man to receive their certificate and go into another State to practice. As I have said before, it is a letter of introduction that you would not give to everybody and anybody, but such as you would give to a well known and tried friend who is going into another State and which you would only give to one whom you knew to be all right; and the certificate that this man receives from his State board is equivalent to such letter, and nothing more should be asked. We know that man is worthy and well qualified to practice dentistry in New Jersey, and why should that not qualify him to practice in New York or in any other State of the Union? That is all the Asheville resolution means, and while it was adopted unanimously by the National Board of Examiners at the two meetings of the National Association at which I was present, yet, the surprising part of the matter is that there are not over a dozen States acting in accord with the resolution in interchanging licenses. Why it is I do not know. They say the examinations in some States are not equal, and for that reason they cannot always do it.

I merely rise to start this discussion, and I want some of the young men to follow me and discuss these matters. But there is one thing I want to speak of before I stop.

It was a remarkable statement the President made, quoting from Dr. Louis Jack of Philadelphia, who has just retired from an active practise of over fifty years, that only one dental practitioner in his recollection during his fifty years of practice died leaving a competency behind him. Is not that a remarkable statement? Just think of it, such men as J. D. White, MacQuillian and other leaders in the profession, not only in Philadelphia but throughout the world, have died in want. Dwinelle

SOCIETY DISCUSSIONS

was supported for years by his fellow dentists, and he was one of the most magnificent operators who ever took an instrument in his hand. John B. Rich, who had a large practice, is to-day in the Old Man's Home supported by his fellow dentists, and so I could name a great many who have been prominent in dentistry but whose old age have been passed in want. This is certainly humiliating.

Dr. Stockton has suggested that the younger men should discuss the President's address, and as one of them, I want to say I am in favor of the interchange of certificates between States; I think that one wishing to exchange a State certificate should be a member of the State society for at least five years, and then it should be a matter for the State examining board to certify whether he is of good moral character and a proper person to recommend for license in other States. In this way I think the State dental society would increase its membership; it would be an incentive for every student to join the society, because, by virtue of his membership in the beginning of his professional life, he would be more likely to conduct his practice properly and we should have a better class of men, a better feeling, and more unison in thought.

I hesitated at first about saying anything at this time, but as Dr. Stockton has urged the young men to speak I will go on, although I want to say I consider Dr. Stockton himself a very young man yet.

I also believe in this idea of looking after the old men of our profession who are in want, the old practitioners who have fallen by the wayside.

The President has spoken about the examination of the teeth of children in the public schools. Those familiar with that subject realize and know what is being done along that line. I think, however, that instead of a committee having a member from each county working individually and alone in that direction, it would be better for them; at least once a year, to get together and formulate a plan and work on a regular system instead of each one trying to work in his own way as at present, and instead of appointing a man from each county as a committee to look after this work, it would be a good idea to appoint members from different societies in the different parts of the State to take up the work, for it would give them a better standing if it were the work of the society.

In regard to the State Board of Dental Examiners, the President has reported concerning the activity displayed in that board in the direction of preventing the illegal practice of dentistry. I say amen to that; it is a good thing; *the only thing that puzzles me is that it took so long for*

ITEMS OF INTEREST

the board to get at and do this work. But I say, keep the good work up and close up every illegal practitioner in the State or compel them to take licenses to practice. I am glad they have taken up the work and progressed as far as they have *in less than a month or two.* The President spoke of funds being required for this work; I do not know the method of raising these funds; whether it be by individual subscription from the members of the society or generally throughout the State, or whether there should be a fund set aside for this prosecution, but those in touch with the matter can no doubt enlighten you in that regard. It seems to me something should be done in that direction.

I am heartily in accord with the interchange of
Dr. D. C. Baker, licenses. New Jersey, I think, is the first State board that ever brought that subject before the National Association of Dental Examiners.

But I cannot quite agree with the last speaker who spoke of the Rip Van Winkle sleep of so many years on the part of the State board and its only showing activity in the last few months. Our State board prosecuted all illegal practitioners until a few years ago when the matter was taken out of their hands by the passage of a law creating an Assistant Attorney-General to take charge of all prosecutions of the State Commissions. Now the State board cannot prosecute by civil action through the Assistant Attorney-General; the only thing the board has done and can do is to report to him. They have gone above the Attorney-General and started some prosecutions by the Criminal Code on their own responsibility; and they show results in the arrest of nine illegal practitioners, and I think it is not a question with any of you but that we shall continue the work of our present State board and accomplish something in this direction as well as in the matter of the interchange of certificates. The only way you can do it is to have our board go on as it has been going, and I do not think there is any man who has done more to bring that forward and keep up the fight than Dr. Meeker, and the work he has started in the National Board of Dental Examiners can be carried on and forced to an issue to better advantage by Dr. Meeker than by any man I know of in the United States. [Applause.]

I know it would be a great benefit to many men to have this exchange of license, and the sooner we get it the more the profession at large will be benefited, and I think it will increase the mental calibre of many practitioners who come into our State.

In reference to taking care of the worn-out practitioners, I think it would be a noble thing for this society to do. We have inaugurated many things which have been carried out very successfully, and I think it would be a good idea to create a committee to form a fund for that pur-

SOCIETY DISCUSSIONS

pose. It is certainly remarkable how so many good men in the dental profession have to be looked after in their old age.

I am heartily in accord with the interchange of
Dr. N. E. Morrison. licenses; ever since the passage of Dr. Stockton's resolution at Asheville, I have taken a great deal of interest in the subject and have often taken part in discussions concerning it on one or two occasions before the Nebraska State Society. After making up my mind I did not wish to stay longer in that State, I came to New Jersey three or four years ago, but found it would be necessary for me to take an examination before I could practice in this State; my qualifications were such that I was entitled to the examination, but having been out of school for several years, I did not feel like taking the examinations which were being had at that time; I returned to my own home State, and a law was passed there equivalent to the California law. I believe that this interchange throughout the several States would be the means of procuring more uniform laws throughout the country. Those States desiring interchange of license will necessarily have to amend their dental laws to bring them up to the standard of the State with which they wish to exchange. But you will have some difficulty with the States that are recognized as health-resorts, because if you allow dentists to migrate from one State to the other, such States as Colorado and California will be overrun. But I think, in a great measure, the plan of Dr. Stockton overcomes most of these difficulties. I believe every man should be a member of the State society. I do not think he should be required to be a member for five years before being entitled to an exchange; because a man might be located in a place for only two or three years, and then desire to make a change.

The fund that has been spoken of in the President's address I think is a good one, and I know of no State that would be more capable of bringing this before the dental profession than New Jersey.

I agree heartily with the idea of interchange of
Dr. W. W. Hawke. licenses, and I think Dr. Stockton presented that subject very thoroughly. I do not think a man should be restricted to practice dentistry where he locates, any more than any foreigner who comes to these shores and has the qualification to practice should be. A dentist qualified in New Jersey is qualified to practice in any State in the Union. I feel strongly on that point and would like to see a uniform method of interchange brought about. I have no definite plan to recommend, but it seems to me that the National Association of Dental Examiners should approve of the local board and grant them the right to issue such certificate as would be accepted by all members of the National Association.

ITEMS OF INTEREST

Dr. Gregory's address is pregnant with good points, but I will only refer to the matter of the care of the teeth of children in the public schools. Last year a law was passed compelling medical inspection in the public schools of New Jersey, and I have learned that can be made broad enough to include thorough dental inspection, and in addition to that local societies will provide clinics whereby the children who cannot afford to pay shall have their teeth attended to. We are working on that subject, and I hope much good will come out of it.

It occurs to me that with this further interchange of license and with this grand fund which is to be raised in New Jersey, this State will be a Mecca for disabled dentists, unless we arrange for proper restriction.

On motion of Dr. Harlan, a unanimous vote of thanks was extended to Dr. Gregory for his able address and his great interest in the welfare of the New Jersey State Society.

I thank you very heartily for your kind treatment of my address.
President Gregory.

On motion, adjourned until 8:30 P. M.

Wednesday, July 21, Evening Session.

President Gregory called the meeting to order.

On motion, a quorum being present, the calling of the roll was dispensed with.

On motion, the resolution offered by Dr. Meeker at the morning session was taken from the table for discussion.

I am heartily in favor of the resolution being adopted and I feel that I would like to support the movement in every way, for I think it is an excellent thing for this society to go on record as taking an interest in the aged members of the profession.
Dr. Hawke.

As a matter of fact, I learned the other day that the barbers have a home in Colorado where they send their old and infirm and take care of them; and if they can do that, it seems to me we, as dentists, should be able to contribute to the comfort of the older members of our profession who may be in need after they have done their life work.

Dr. Kussey moved the adoption of the resolution.

The motion was seconded and unanimously carried.

Dr. Meeker stated that the attention of the Society was called by the Department of the Interior to the Fifth International Congress to be held

SOCIETY DISCUSSIONS

at Berlin, stating that the latest boat enabling members to reach the congress left on the 15th of August and that under a resolution of this Society any member desiring to attend could go as a delegate of this Society upon application to the secretary.

Dr. Fowler, of the Committee on Reorganization, presented a report which he requested might be printed and put in the hands of all the members, so that at a future meeting they might be able to discuss it.

On motion, Dr. Fowler's suggestion was acquiesced in.

President Gregory then introduced Frederick B. Noyes, D.D.S., of Chicago, Ill., who read a paper on Histology, dealing especially with the following topics:

First, "Structural Elements of Bone."

Second, "Varieties of Bone."

Third, "Transformation from One to Another in the Growth of Bone."

Fourth, "The Arrangement of Structural Elements in the Mandible as a Record of Its Growth."

Fifth, "The Arrangement of the Maxilla."

Sixth, "The Relation of Mechanical Stimuli to Bone Formation."

Seventh, "Record of the Growth of Bones in the Face."

Dr. Noyes's lecture was illustrated by a number of stereopticon views, but being delivered in darkness the stenographer was unable to report it.

Discussion of Dr. Noyes's Paper.

Dr. Mills. There is an old expression that "The mills of the Gods grind slowly, but they grind exceedingly fine," and what I want to bring out in this discussion is something on those lines.

In the first place, I want to congratulate this Society and express my admiration for the brilliancy of the lecturer. We hear it said sometimes here and there that we will never be a profession, but such men as the essayist are our hope for the future.

When I received my programme I saw that the matter of mechanical stimulus to the formation and development of bone structure was to be discussed, and it applies very strongly to what I have had in my mind for four or five years. The expression in the paper, "Mechanical stimuli to bone formation," is what I want to refer to here. I do not know just exactly what the lecturer's definition would be of mechanical stimuli. I think he made the remark that all the formations in the physical structure are first set in motion by mechanical stimuli. I do not know exactly what

ITEMS OF INTEREST

he means, but some three or four or more years ago the late Dr. Harlan made a remark, which was published in the *Review*: "I think the time will come when we will begin to care for children's teeth before they are erupted." That made an impression on my mind, and a little while afterwards I saw in a New York paper an illustrated dialogue between Auntie and Johnnie, and Auntie said to Johnnie, "Has the baby any teeth yet?" and Johnnie replied, "No; they are in there, but not hatched yet." Dr. D. D. Smith, of Philadelphia, wrote an admirable paper and predicted that there was a certain application which could be made by mechanical stimuli to the teeth before they were erupted, and he predicted that a large amount of irregularity would be overcome and a better condition of teeth brought into existence. Dr. Daly also stated in the "brief" that he believed that if we could produce a better root we would have a better periodontal membrane and less pyorrhea.

That all leads up to what I want to say.

Now, I want to quote from Dr. Talbot, of Chicago, who, I think, is one of the ablest men in the profession to-day. I believe the time is very near at hand when there is going to be brought into practice something on the line that I am going to speak about concerning Dr. Talbot's remark. He said this: "The first thing to be thought of in the betterment of teeth is to consider the soil in which the teeth grow." There is the point in a nutshell. We all know that the soil in which teeth grow differs in degree, being good, bad and indifferent. I believe that the time has come when some more brilliant man than myself will see the propriety of taking up that line of practice to better the condition of teeth before they are erupted by the application of mechanical stimuli.

(Dr. Noyes stated that he did not care to close the discussion.)

On motion, a vote of thanks was tendered Dr. Noyes for his very excellent lecture.

As a slight recognition of the many valuable services to this Society by Dr. Wm. H. Truman, of Philadelphia, for so many years, I move that he be made an honorary member of the Society.

Dr. Meeker. The above motion was seconded and unanimously adopted.

On motion of Dr. Meeker, Dr. Louis H. Ayers, of Hightstown, N. J., was reinstated as an active member of the Society.

On motion, adjourned until Thursday, July 22, 1909, at 10 o'clock A. M.

Thursday, July 22, Morning Session.

President Gregory called the meeting to order.

On motion, a quorum being present, the calling of the roll was dispensed with.

SOCIETY DISCUSSIONS

The secretary read the report of the Committee on Miller Memorial Fund, showing the receipts from this society amounted to \$137. The committee stated that it would be glad to hear from any of the members who have not yet subscribed, and that one of the members of the society, Dr. Robert Roessler, of Hoboken, who was a pupil of Dr. Miller, had contributed \$100.

On motion, resolved that the money collected by the above committee be turned over to the treasurer of the national fund.

The president stated that Dr. Andrew J. Flanagan, of Springfield, Massachusetts, who was on the programme to read a paper, had been suddenly called away by the death of his father and that the paper would be read by Dr. Stockton.

On motion of Dr. Stockton, it was unanimously resolved that the New Jersey State Society extend to Dr. Flanagan its most sincere condolences in his great loss.

Dr. Stockton then read the paper of Dr. Flanagan.

Discussion of Dr. Flanagan's Paper.

**Dr. F. C. Brush,
New York.**

Dr. Flanagan and I have been fiddling on the same string; I have not been able to get as sweet a tone out of that string as he. Dr. Flanagan called this "The financial side of the profession," while I have used the plain simple term, "The business side of the profession."

I cannot discuss Dr. Flanagan's paper in the same tuneful way in which it has been presented, because we only have one Flanagan, and I am not the same kind of a speaker. I have aroused the antagonism of a good many men in the profession when I have chosen to call dentistry a business, and I think that is because they have failed to understand correctly what the definition of business is. Authorities on political economy define business as the exchange of anything for something. In the early days, away back, the exchange of anything from one person to another was considered business; as our forefathers progressed in social culture it was necessary to extend the lines of business and it became difficult to locate different kinds of business, so they devised new names as a means of defining, locating and simplifying the seeking out of different kinds of business, and then we had commercial business, mechanical trades, and so on, which are simply names of different kinds of business as a means of locating the particular business that is sought. As culture increased it was found that in certain lines of work it required a broader knowledge and a wider culture, more of book knowledge, so to speak, and the man who was educated along those lines could be differentiated from the man

ITEMS OF INTEREST

who merely transferred articles for gain, and we called him a professional man. Thus has business been subdivided and professions have been subdivided.

When one of the ancients visited Egypt five hundred years before Christ, upon his return he wrote about what he saw and the customs of the people, and he states, in effect, that he found in Egypt men who were treating the diseases of the body and that they were divided into classes; some treated disease of the head, some treated disease of the brain, and others of the teeth, and besides there were general practitioners. So that specializing, which is looked upon to-day as something new, is so old that we can scarcely appreciate its venerableness. The first mention of specializing was made in the book of this ancient writer five hundred years before Christ. That was the beginning of the dividing of the professions into branches.

Then we had the man who treated and knew of the relations of one man to another in a social way, and he became the lawyer, and we had the man who treated the diseases of the body and he became the physician. We had the man who looked after the diseases of a man's spirit and soul and he became the clergyman, and these were the three great divisions of the professions.

The medical profession has gradually been subdivided as increased knowledge has come to man and we have the general practitioner, we have the oculist, the dentist and others, and now dentistry has again been subdivided, and we have the general practitioner and the orthodontist, and it is very likely to divide again along other lines. But if you trace it all back to the fundamental principle, it is all business; business pure and simple.

Within the last few days a man from the West came to my office to ask me some questions concerning business; he thought he was a success; he had made money, was able to travel and stood high in his local society circles and had reached the point where he felt that he could not get any further and was doing all the business he could take care of from morning until night. But his bank account was not increasing, and he felt there was something wrong. He told me he wanted to get married and he had to have an increased income and wanted to know how to get it. I wanted to analyze for him his own business conditions and the first question I asked for him was, "How much are your gross receipts for the year?" He told me. And I asked him what his expenses were and he replied, "Well, you see, Doctor, it is this way. I have very little expense; my people have some means and they put me through college and that is all paid for, and they built the house where I am practicing and before it was built I designed the office arrangement just as I wanted them, and that is all paid

for and I don't have any rent to pay, and I live home and do not have any board to pay, so my expenses are very small." I said to him, "Do you mean to tell me you are a business man?" He said, "Well, I think I have been a success." I said to him, "How have you been conducting your practice and arranging your fees?" And he said, "Well, I will tell you, Doctor, how I do. For instance, there is a man I have been treating, who is on a salary and is only getting about twenty-five dollars a week, and he has a family to support; I did some work for them and I thought his bill was a little more than he could afford and I looked at it in this way, that I was a single man and my expenses were very small, so I just shaded his bill down a good bit." I said, "Do you think you are conducting your practice in an absolutely fair way?" And he replied, "Of course." I said to him, "Do you think you are fair to the man on the next block who has to pay rent for his office and has a wife and family to support? Do you think that is fair competition?" He had never looked at it in that way before. Then I put another question to him. He said to me, "What are you going to do in a case like this: a patient comes in for consultation and you find there is not much work required and you advise him what to do, and it has only taken a little bit of time, and he wants to know how much it is; what are you going to tell him in a case like that?" I said, "What are you doing; are you a professional man, or are you merely selling gold and silver for fillings? You are selling your professional knowledge and skill, are you not? And if you told the patient to go home and go to bed, if you thought it was necessary, are you not entitled to a fee for that?" He had never looked at it in that way before.

**Computing
Cost of Maintaining
a Practice.**

There is another feature, in looking at it from a business standpoint. I find there are very few men in the profession who have any idea of what it costs them to maintain their office and their business for a day or an hour; they have not the slightest idea, from a business standpoint, of what any given operation costs them. They are simply asking the fee that they have been accustomed to charge. The only way they have of arriving at the amount of fees is the knowledge acquired from their preceptor or the fees they established when they first went into practice. I meet many men who have been in practice ten of fifteen years and who are not getting any more per operation to-day than they did the first day they put out their sign. Is that right? How are you going to arrive at what your business costs you to run it—if it is a business? If you were going to start a grocery store, how would you begin? You would take your capital and invest it in stock—canned goods or sugar or anything else, and in order to succeed you would have to dispose of that stock at a profit and must figure what



ITEMS OF INTEREST

it costs you to carry the stock, and what is a reasonable profit on your investment, and add that to the price you place on the goods before selling them. If you start in a profession, you get a stock, don't you? You take your capital and invest it in an education; you buy a stock of brains and finger craft, and that is your investment of your capital; then you equip your office, and you must figure out your expenses of maintaining it—your heat, your light, your electricity, your insurance. and you must figure a certain amount for lost accounts, and thus you get the cost of running your business; otherwise, you are not a business man. If the grocery man wants a rating of credit, and goes to Bradstreet and tells them he has a stock of goods worth a thousand dollars, but that does not count, because it is paid for and he can sell it at any price he wants to, is he going to get any rating for credit? This young man I spoke of who came to me is living on the capital of his father; he is using that capital to pay his expenses; the receipts from his business are his pin money, and he thinks he is a success because he has that pin money. What would you think, Dr. Luckey, if you went to your bank and attended a directors' meeting and found the bank was paying its expenses out of its capital? Would your bank last very long? It must pay its expenses out of its earnings, or it is not a success—it is a failure. You must know what your expenses are, and you must make something over and above those expenses or you are a business failure. You may get together a few dollars, but we are discussing a business proposition now, not your bank account.

Business Methods Not Unethical.

There are very many sides to this question, and it can be looked at in a perfectly ethical way. There is nothing discreditable in being considered a business man in the profession and there is nothing unethical about discussing business, if you look at it from a logical standpoint. When you talk about business to a professional man or in a dental society, do not think a man is running an advertising parlor because he is a business man. That is not necessary. There has been a good deal of talk about doing away with the advertising man. How are we to get rid of the advertising men? Cease making them. Go back to your colleges where they are educating men—what are they doing? They are turning men out all lopsided. You talk about raising the standard of your profession by raising the standard of the men you take into the profession and that is right, but that is only half of it, or a small part of it. You are putting your standard on such a high plane that for a young man to enter the profession properly, requires him to have more than a high-school education; he should really have an academic college education, and while he has been acquiring that, has he had a chance to

SOCIETY DISCUSSIONS

learn anything about getting the dollars that pay for the education? Has he had any business training? Does he know anything about the value of money? You take that young man into the college and give him a professional training; he is taught how an operation should be performed, but I have never yet found a college which teaches a man how he should get remuneration for that operation or what it is worth to his patient or to himself. So I say colleges are turning out lopsided men. They are giving them professional training and turning them loose on the public with absolutely no knowledge of how they are to get their daily bread in an honest and ethical way. You are getting two classes of men from your colleges—the man who has absorbed very little technical knowledge from his college course, and who has to make a living; he is depending on his own resources, and he is hungry for dollars and must get money in any way he can, and he finds he can sometimes get more by faking than by honest work; he becomes an advertising man, a charlatan. Then you get the other class of men who are full of the knowledge obtained in colleges and thoroughly competent to take care of anything, but they sit in their offices and do not know how to get the work to do. If the colleges would give the students a course of instruction by competent men who know the fundamental principles of business, and show them how to conduct a practice, and what the principles are that underly the conduct of a practice; how they can arrive at results; how they must figure their expenses and figure on obtaining an income, it would be far better. There are many things that could be lectured upon that would be a help to all of us. • If the suggestions I have made had been put in operation long ago it would not be necessary to offer the resolution before this body that was passed yesterday, calling upon members of the society to contribute to a fund to take care of the needy men of our profession in their old age.

Gentlemen, I think I have talked long enough.

I do not think it is necessary to go any deeper
Dr. B. F. Luckey, or further into this question of business conduct of professional men.

Referring to Dr. Brush's very interesting remarks, it seems to me it is impossible to lay down rules in colleges, or out of them, for the success of men. Very many men are of very many minds and very many ways, and when you lay down your fundamental principles of business, honesty, attention to details, attention to your business, you have done all that you can do. You must consider environment; consider that one man has a favorable, while another has an unfavorable, environment; you must consider personality, that one man has an attractive and another a very unattractive—and at times repulsive—personality.

ITEMS OF INTEREST

While I was very much interested in Dr. Brush's remarks, I could hardly indorse his suggestion as to college lectures on professional success. It seems to me a little out of their vocation, and that the fundamentals that young men would acquire in their contact with the business of the world—their further education, in other words, would either fit or unfit them for their future success.

The paper of Dr. Flanagan was intensely interesting and thoroughly well read, particularly the stories, by Dr. Stockton. Still, I wish Dr. Flanagan could have read it himself, for there is a personality about him—and this illustrates the point I want to make—there is a personality about Dr. Flanagan: his appearance, his attitude in speaking, his manner of speaking, that carries with it that which no other man could give to his production. I think the same thing applies in professional life. We all know of men who, in speaking of another man's wife, say that they don't know what *he* saw in her, and, if she was the only woman in the world, *they* wouldn't marry her. So it is in professional life. We see men attain to prominence and obtain competencies, and as we study these men we cannot fathom the secret; we do not know how they do it, and we are inclined to say, "Well, there must be something about it; they must be fakirs." But, gentlemen, they are not all fakirs. Many men succeed and lay away, through good judgment, good luck, good health and good environment, more than a competency. I was introduced to a man in the headquarters of the S. S. White Company not long ago, a very nice looking gentleman, but ordinary, with a foreign accent, and speech indicating a lack of polish and finish; after he left I was informed by a gentleman who was in a position to know, that that man was worth over half a million dollars—and he was a dentist! I said, "Did he make it in dentistry?" "Oh, no; not entirely; he has been very successful in speculations and investments, but let me tell you, he has made more than half of it in dentistry."

It seems to many of us, particularly the younger members, that these things are impossible; but we were figuring the other day the possibilities of a professional life from a financial standpoint. We figured that a man who, by reason of good health and professional ability, had conducted a practice for forty years, should have an average income of ten thousand dollars, assuming he was a good man, which would make a gross income of four hundred thousand dollars; we figured that if he spent half of that in his living and other expenses, he should have two hundred thousand dollars left, and there is not any question but that he would have two hundred thousand dollars left if he were content to place that money in some safe receptacle regardless of investment and regardless of interest—in a safe deposit vault. But does he do it? Has he done it? A few.

The fact that they do not has resulted in this sad history of our profession, which is only parallel to that of other professions, wherein we find that the majority of men who have been in practice forty years and have had successful practices, are poor men. Many of them have splendid reputations, but are paupers. Is that a disgrace to us? I have heard it said so. I cannot believe it. It is a reflection upon the good judgment and good luck of these individual men. We can point to-day to more than one of these grand old men whose names are known the world over, and who have the bread of charity in their mouths and the shingles of pity over their heads. Pretty good business? No, gentlemen, it is bad business; it was bad luck. They accumulated a few thousand dollars, and there may be many in my presence who have followed the same line of life; accumulating a few thousands of dollars, they take a trip to Europe; business may have been going all right, but business stops when they go; they are the central engine and the heart of the whole business, and when they go their business goes. We have one striking example; I hardly feel like mentioning the name of the gentleman; his autobiography has been published lately, but in fifty-five years of life, starting in the sixties, when, to go to Europe, was a matter of distinction, he made some fifteen or twenty trips to Europe, ranging from three months to a year and a half. He is to-day a pauper. Whose fault it is? Was it not his business to stay at home and nourish and take care of his accumulations and put something aside for the days that were to follow? This man has, without question, in those fifty-five years had an income aggregating five or six hundred thousand dollars, and yet is to-day a pauper. Do you think that is good business? He had a good foundation and ought to have known what he was doing, and probably did know. But there is the situation, and there are many more still going the same way. It is simply what we were taught in our younger days by our respective fathers and mothers, that the way to succeed is by hard work, honesty, decency of life, attention to business and knowing our business, and, barring unfortunate accidents, it is pretty sure that we can make a success under those conditions. [Applause.]

I did not arrive in time to hear this paper, but **Dr. S. C. G. Watkins.** have been very much interested in that part of the discussion which I have heard. I listened with much interest to Dr. Brush's remarks concerning a business training in college. Very few professional men know much about business, unless they get their business training before going to college. It is well known that when promoters of various schemes send out circulars, they address them largely to physicians, dentists and ministers, knowing that they are easy marks. Whatever money we get, we only have a short time, for it is

ITEMS OF INTEREST

soon taken from us, simply because we are not expert in business principles; and, again, we are so thoroughly interested in our practice, so tied up—especially if we are poor men—from morning to night, with patient after patient, that we have no time to think about business in the outside world, and some fellow comes along with a scheme that looks like a great, big diamond glittering before our eyes and—well, we are “easy marks,” and our money goes out, and we get a beautifully engraved certificate for something that, as a rule, is worth nothing. If we had a proper business training a good deal of that would not occur.

In glancing through the new history of dentistry which I have just received, I noticed a reference to S. S. White as one of the great workers in dentistry and who has done, perhaps, more than anyone else for prosthetic dentistry, and the thought occurred to me, “Why did S. S. White stand so high, and how has he done so much?” It is because it was in the man to do the very best anybody could do; he was not satisfied with slipshod things, and that is what has kept up the reputation of his house, for they turn out good things. I am not here to advertise the concern, but I think that credit should be given where it is deserved. In my opinion the reason why some dentists succeed better than others is because they are conscientious about their work and put their heart and soul into it, as though their life depended on one operation. It is a good idea in performing an operation to think what some other dentist would think of it if he saw it, and it is important because it is very easy for a man to make a slighting remark of another’s work, whereas, if he speaks kindly of it, it is worth a great deal to the man who did it, and the kind of work to do is that which will bring forth commendation. I had a patient in my office yesterday from Indiana with two of the most beautiful crowns in her mouth I have ever seen, and I could not help but speak of the beauty of the work. That is as it should be, and we should be very careful how we speak disparagingly of other men’s work.

Then, again, the attention we give to our business is of the utmost importance. If patients come to our office and find us absent, they get tired of that and go elsewhere. We have to be “on the job,” and because so many people are not, is one reason why they fail.

Another thing which, I think, has as much to do with dental failures as anything else is the “measly” opinion we have of our own success, and the measly prices we charge. If we were men enough to put a proper price on our work we could command and secure it. Let us stand by one another and compete upwards, not downwards. [Applause.] Let our prices so contrast with those of the dental parlors that patients will understand they are getting superior and better service and in that way

SOCIETY DISCUSSIONS

we will freeze out the parlors by educating the people upwards instead of downwards. [Applause.]

Dr. Lenox Curtis,
New York.

Dr. Watkins said one of the meanest things we do to ourselves is to get measly prices. He is right about that, but the meanest thing of all that we do to ourselves is to have book accounts.* Any man who opens an account with his patient does himself an injustice and the whole profession an injustice, because he teaches patients that they have an opportunity of beating him out of his fees. That is all I have to say. [Applause.]

Dr. Stockton.

Let me tell you something about a man I knew of who succeeded in business. He came to this country from Scotland when he was nineteen years of age. He was unable to read or write. He had little or no money, and eventually became a very rich man, Mayor of the city in which he lived, and member of Congress from his district. The foundation of his success lay in anticipating or discounting his bills. His only capital at the beginning lay in his fingers, in his ability to make trunks, and he had hardly enough money to buy the hardware for the finest trunk he made. Presently he was able to buy a house, using the lower portion and renting the upper part, and placing a mortgage for fifteen hundred dollars on it. After a time he went to the mortgagor and asked him to take his notes for the mortgage, promising to pay as the notes came due. The owner of the house demurred at first and asked the reason for the request. The reply was, "I need credit, and if the house is clear of the mortgage I can get it." It was an unusual request, but was acquiesced in, and the notes were paid as they fell due. That was the starting-point in that man's success in life. Afterwards he endowed a church, endowed a school, and left millions of dollars to his family because he always kept his credit good, discounted his bills and kept his word. That is the secret of a business man's success. We may not have the opportunities of doing such things as he did, but the same principles apply to us. If we conserve the things that are put into our hands and take care of our money, we will have it in our old age and will not have to take advantage in our old age of the provisions suggested by Dr. Meeker's resolution yesterday. Some dentists secure business by suggesting that they will do the patient's work for less than another dentist charges for it. But that is a poor way to succeed. I would rather go out on the street and sell peanuts, for peanuts are five cents a pint the country over, and I wouldn't ask any man to sell them to me for three cents. We can never make a reputation or leave a good name behind us when the time comes for us to go over, if we act in

ITEMS OF INTEREST

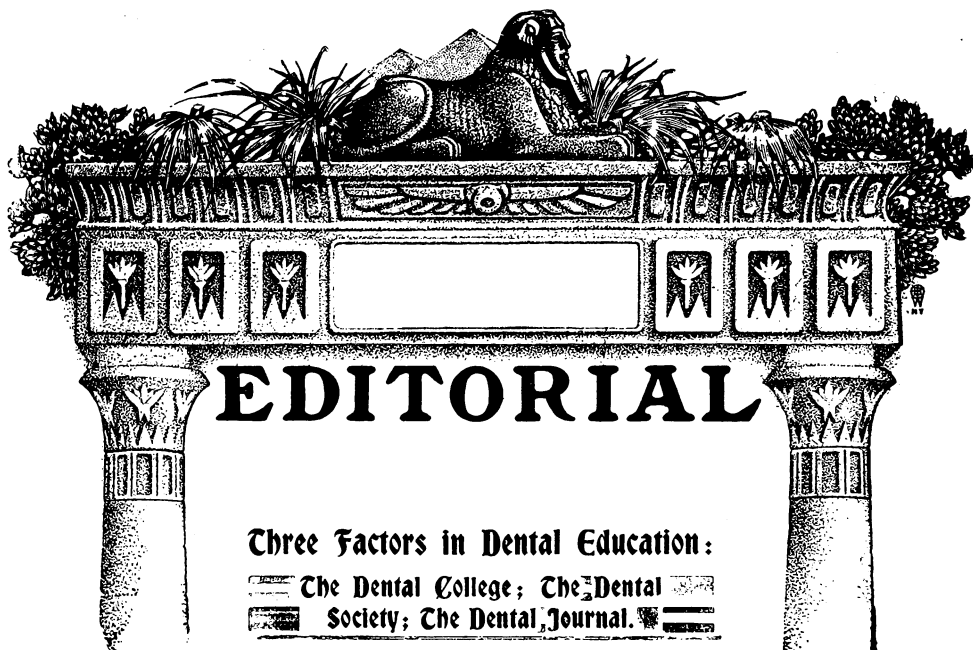
that way ; so let us act fairly, be fair with our fellows and fair with the world, and when we have done that we can go joyfully away.

On motion, a vote of thanks was extended to Dr. Flanagan for his very able paper.

On motion of Dr. Baker it was resolved that the chairman of the Executive Committee hire three men, whose duty it should be to see that every exhibitor closes his exhibit after the second bell rings, and that if any exhibitor sells goods thereafter, he should be held as violating his contract and be barred from the future meetings of the society.

The President then introduced W. Wayne Babcock, D.D.S., of Philadelphia, who delivered a lecture, entitled "Plastic Operations for Correcting Defects of the Mouth and Adjacent Parts," after which a vote of thanks to Dr. Babcock was adopted and the meeting adjourned.





A real dental education is much more complex than is dreamed of by many college matriculants. The majority of these imagine that graduation will bring with it a cessation of study. When at last the degree is granted, and the diploma is presented, the wiser ones discover that it is "Commencement Day." The questioning of the college quiz-master may have ended, but the practical problems which the young practitioner must face, day after day, and year after year, can be solved in but the old, old way: Study; constant study.

The education, then, of a dentist, is of two kinds: Undergraduate and post-graduate. The first is obtainable from the college; the latter must be garnered from the dental society and the dental journal.

The Sphere of the College.

In this analysis we find that the college fills a most important place. First and foremost, is the almost holy duty of a wise choice of recruits for this, one of the most sacred callings in human life. The college should ever be cognizant of the fact that through its portals must pass the new men who are to make or mar the fair name of dentistry.

ITEMS OF INTEREST

Especially should those that accept matriculants remember that their college could not exist; that their teachers would have nothing to teach, had not those that have gone before stored up the knowledge and placed it upon record. These pioneers, therefore, and those men already busy in the work of upbuilding and upholding our profession, have some claim for consideration from these teachers of young dentists.

Having made selection, it next becomes the duty of the college faculty to prove the wisdom of their choice by graduating men that are both fit and fitted for their professional work. It is not to be expected that the young graduate should be the peer of old practitioners. The college does its duty if its graduates are really competent to commence practice.

Where the college duty ends that of the dental society should begin. The college having made a man fit to begin practice, the society should see to it that he is equipped to continue. The society should do missionary work among the young men, and should have its arms ever open to welcome and guide them. Having made the young graduate a member, the society should continue his education. It should provide papers and clinics, constantly dealing with the newest and best inventions and discoveries. This sort of education is likewise within the province of the dental journal; but there is another sort of education which can be obtained better from the society than at college or through the pages of a printed book. The young man is frequently in need of help in regard to conduct. Conduct of himself and conduct of his business. This he may best learn by precept and by the companionship of ethical and professional men. In this connection the social side of dental meetings is most important.

One duty of the dental journal is to co-operate with and make permanently useful the work of the society. By publishing its proceedings, the journal reaches those members of the society who may have been absent from the meetings; and it even aids those that may have been present, but who may often better grasp the intent of the essayist when reading in the quiet of their own studies. But the journal does a greater work by carrying these society messages to men at a distance; to men so far from the societies that they could not attend if they



would; to any man, at the farthest corner of civilization, who may have the ambition and the zeal to continue his education, to keep informed, to read and to know what the best men in his profession are doing for their patients, that he may do the same for his.

Moreover, the journal should supplement the work of the societies by inducing men who may have the skill and temperamental equipment to undertake research work; to make investigations, experiments and tests; to attack and to solve problems. The results of the labor of such men should be promptly published, liberally illustrated and widely circulated.

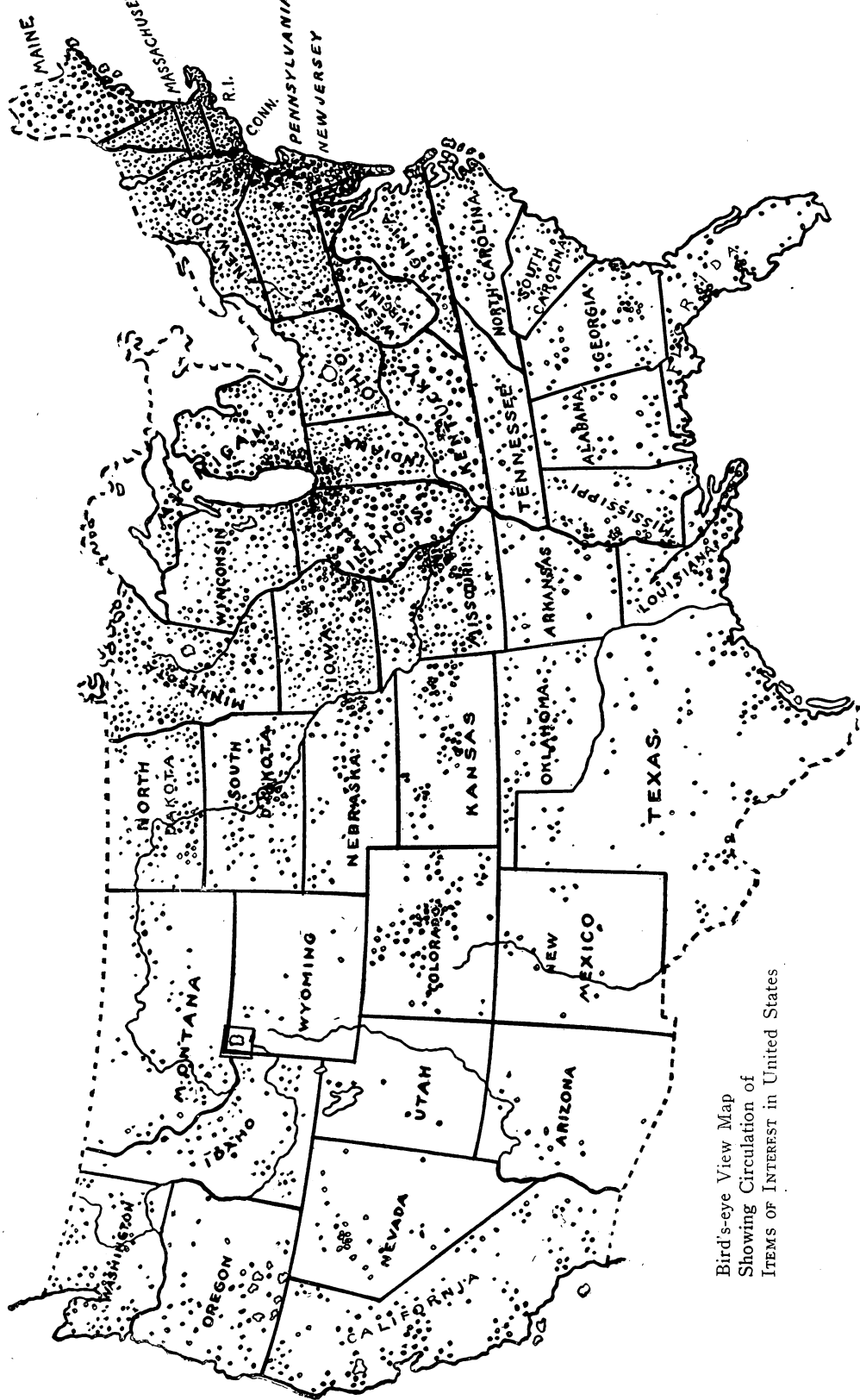
**The Question
of Numbers.**

It is not essential that a college should make strenuous efforts to obtain large classes, provided, of course, that it have the means and equipment to teach small classes. It is not so needful that many men should be graduated annually, as it is that every graduate should be as well taught as possible. It is different with the society. There be some societies which set up false standards for membership, thus greatly limiting their spheres of usefulness. The best, the most useful societies are those with the greatest number of names on their rostrums. In this manner they sow the seeds of dental progress over the widest fields. Unlike the college, they have less reason for scrutinizing the applicant. The man being already a dentist, is in need of further education, such the society has to offer.

In like manner the journal is most useful which has the greatest circulation. It should be even more catholic than the dental society, for it should reach the unethical as well as his holier brother. By spreading the doctrine of true professional endeavor it may convert him. The great dental journal, therefore, should constantly seek to increase its influence by increasing its number of readers. To accomplish this it must stand behind the society, ready to promulgate its teachings, and it should be the mouth-piece of the most capable individual teachers. And who are the teachers?

**The Teachers
of Dentistry.**

There, be two classes of teachers. Those that teach the undergraduates, and those that address themselves to the great body of practitioners. The college professor is busy imparting to young



Bird's-eye View Map
Showing Circulation of
Items of Interest in United States



students, to fresh minds, the already collated and recorded knowledge. The other teachers are the students and writers who bring to the society and to the journal the fruits of their labors. Is it not natural, after having devoted his playtime to the solving of some great problem, that the dental investigator, having succeeded, should prefer to publish his report in the journal which will reach the greatest number and which will carry his message to the greatest distance?

ITEMS OF INTEREST has been the chosen medium for so many of our best writers that it has occurred to the editor that it might gratify these and inspire them to continue to honor us with the records of their achievements, if we could in some way give them an idea of where their papers go, when published in this magazine. With this idea in view, and believing that a picture always helps to convey knowledge of a fact, a map of the United States was prepared in outline, and the attempt was made to place a dot on this map for every town or city in which we have one or more readers. This has not been actually possible, for, if carried into effect, several States would appear on the map totally black, and this might be misleading. Wherever it has been possible, therefore, we have had the artist place a dot for every city or town, but where that seemed undesirable, enough dots have been placed to give a generally accurate idea. The map presented with this issue, therefore, presents really less towns than there are names on our list, which list is likewise annexed.

It did not seem necessary to make this issue look like a "geography book," by introducing maps of all parts of the world, but we do give a list of towns and cities outside of the United States visited monthly by ITEMS OF INTEREST, because we think it will interest our readers, and more particularly those that write for our pages.

Furthermore, of course, this map and list of towns give but an imperfect idea of our circulation, since such cities as New York, Chicago, Boston, Philadelphia and other large cities are represented on the map by only a dot for each, whereas we have hundreds of readers in these places. But the map will accomplish the editor's purpose if it convey to our contributors even a moderate idea of the field into which we are carrying their writings. And the editor, at the same time, thanks them for their assistance and co-operation in thus aiding the progress of dentistry by spreading the seeds of knowledge to the four corners of the world.



Circulation of "Items of Interest" in the United States.

Alabama.	San Francisco	Colorado.	Delaware.
Sheffield	San Jose	Denver	Wilmington
Ozark	Glendale	Idaho Springs	New Castle
Anniston	Sacramento	Pueblo	Smyrna
Sulligent	Crescent City	Colorado Springs	Dover
Birmingham	Redlands	Ouray	Bridgeville
Montgomery	Santa Cruz	Greeley	Laurel
Union Springs	Lode	Las Animas	Milford
Huntsville	Red Bluff	Paonia	Middletown
Eutaw	Porterville	Boulder	
Athens	Oakland	Buena Vista	Dist. of Columbia.
Collinsville	Ft. Bragg	Grand Junction	Washington
Demopolis	Corona	Trinidad	
Naftol	Escondido	Ordway	Florida.
Tuscaloosa	Berkeley	Colima	Tampa
Opelika	Stockton	Salida	Jacksonville
Livingston	Riverside	Leadville	Ocala
Selma	Sonora	Rocky Ford	Fort Myers
Mobile	Napa	Longmont	St. Augustine
Decatur	Pomona	Fort Collins	Key West
	Oxnard	Canon City	Pensacola
	Watsonville		De Land
Alaska.	Pasadena	Connecticut.	Bartow
Juneau	Willows	Hartford	Anastasia
Treadwell	Woodland	New Milford	
	Ferndale	Norwalk	Georgia.
Arizona.	Irvington	New Britain	Atlanta
Clifton	Placerville	Wallingford	Woodbury
Prescott	Santa Clara	New Haven	Augusta
Phoenix	Alameda	Bristol	Savannah
Globe	Paso Robles	Waterbury	Marshallville
Douglas	Fresno	Norwich	Americus
Bisbee	Orange	Meriden	Hawkinsville
Yuma	Needles	So. Manchester	Cochran
	Anaheim	Manchester	Sylvester
Arkansas.	Mill Valley	Southington	Albany
Harrison	Santa Ana	Danbury	Macon
Eureka Springs	Selma	Ansonia	Dawson
Amity	Marysville	Bridgeport	Waycross
Texarkana	Yreka	Naugatuck	Camilla
Little Rock	Santa Monica	Unionville	Claxton
Wynne	Palo Alto	Stamford	Marietta
Ft. Smith	Visalia	Rockville	Comer
Foreman	San Pedro	Middletown	Moultrie
Clarksville	San Bernardino	New London	Washington
Fayetteville	Colton	New Canaan	Griffin
Hot Springs	Long Beach	South Norwalk	
Bentonville	Fortuna	Windsor Locks	Idaho.
Berryville	Ontario	Derby	Boisé
Fordyce	Redding	Winsted	Shoshone
Clarendon	Santa Rosa	Portland	Blackfoot
Searcy	St. Helena	Willimantic	Nampa
Newport	Santa Barbara	Putnam	Twin Falls
Russellville	Ventura	Groton	Pocatello
Stuttgart	East Auburn	Mystic	Wallace
	San Luis Obispo	Thompsonville	Grangeville
California.	Chico		
San Diego	Redwood City		
Los Angeles			



Lewiston
St. Anthony
Rigby

Illinois.

Decatur
Marengo
Farmington
Maywood
Rockford
Marseilles
Roseland
Newman
Evanston
Quincy
Peoria
Downer's Grove
Kankakee
Kansas
Madison
Camp Point
Dwight
Aurora
Effingham
Malto
Crystal Lake
Fairbury
Joliet
Champaign
Springfield
Moline
Tuscola
Peru
Paxton
Macomb
Elgin
Kingston
Pocahontas
Freeport
Dundee
Somonauk
Delavan
Wheaton
Gilman
Rock Island
Belleville
Metropolis
Sheffield
Streator
Duquoin
St. Joseph
Sterling
Monmouth
Pittsfield
Carlyle
Chicago
Naperville
Pana
Wilmette
El Paso
Plano

Macon
Rochelle
Belvidere
Newton
Woodburn
Charleston
Barrington
Cornell
Bloomington
Geneva
Arlington Heights
Seneca
Lincoln
Austin
Libertyville
Ashton
De Kalb
Princeton
Galesburg
Sandwich
Marissa
Middletown
Morris
Gray's Lake
Newark
Sherrard
Ottawa
Polo
E. St. Louis
Jerseyville
Sparta
Pearl City
Apple River
Olney
Peotone
Okawville
Kewanee
Elmhurst
Rogers' Park
Pullman
Galva
Mowequa
Elizabeth
Oak Park
Riverside
Paletine
Buda
Warsaw
Carmi
Hospital
Blue Island
Marion
Aledo
Seneca
Lockport
Dixon
Winetka
Pontiac
Vermont
La Salle
Silvis
Kemilworth
Dongola

Harvard
Mattoon
Jacksonville
Pallatine
Hinsdale
Fairbury
Lake Forest
Waukegan
St. Francisville
Carthage
Pinckneyville
Alton
Seaton
Stockton
Urbana
Ransom
Kankakee
Onargo
Litchfield
Woodhull
Morton
Winchester
Maquon
Highland Park
Potomac
Farina
Pekin
Geneseo
Foreston

Indiana.

Indianapolis
Hammond
Union City
Evansville
Winchester
Rushville
South Bend
Shelbyville
Monticello
Kendallville
Richmond
New Castle
Hamilton
Logansport
New Harmony
Roanny
Warsaw
La Fayette
Ft. Wayne
Hartford City
Crawfordsville
La Porte
Huntingdon
Mr. Vernon
Greencastle
Waveland
Kokomo
Anderson
Middleton
Marion

Whiting
Bedford
Valparaiso
Portland
Muncie
Martinsville
Cambridge City
Oakland City
Greensburg
Frankfort
Connersville
Rensselaer
Elkhart
Salem
Topeka
North Manchester
Goshen
Columbia City
Peru
Indiana Harbor
Lebanon
Auburn
Corydon
Terre Haute
Jeffersonville
Elwood
Rockville
Manilla

Iowa.

Charles City
Tama
Davenport
Toledo
Laurens
Spencer
Grinnell
Ruthven
Cedar Rapids
Iowa City
Le Mars
Lenox
Waterloo
Correctionville
Eldon
Des Moines
Clear Lake
Dubuque
Estherville
Winterset
Burlington
Monroe
Postville
Decorah
Onawa
Council Bluffs
Ottumwa
Humeston
Osage
Guthrie Center
Red Oak
Lone Tree

ITEMS OF INTEREST

Forest City
Reinbeck
Fairbank
Lineville
Cherokee
Sioux City
Richland
Fairfield
Pella
Albia
Williamsburg
Winfield
Spencer
Nashua
Stuart
Clinton
Rock Rapids
Tipton
Lyons
Sigourney
Wapello
Anamosa
Stratford
Boone
Center Point
Carroll
Monona
Logan
Ames
Marshalltown
Brighton
Wilton Junction
Fort Dodge
West Liberty
Waukon
Newton
Storm Lake
Cresco
Milford
Eldora
Muscatine
Missouri Valley
Malvern
Jefferson
Manilla
Wellman
Lamoni
Ireton
Avoca
Paulena
Manning
Oskaloosa
Cedar Falls
Clinton
Oxford Junction
Garner
Sac City
Bayard
Hampton
Keokuk
Orange City
Goldfield
Harlan

Adebolt
Fontanelle
Stuart
McGregor
Blairstown
Rock Valley
Osceola
Mason City
Shenandoah
Wayland
Denison
Ackley
Independence
New Sharon
Buffalo Center
Orient
Washington
E. Waterloo
Postville
Mechanicsville

Kansas.

Scandia
Valley Falls
Plainsville
Atchison
Severance
Leavenworth
Topeka
Kensington
Chanute
Hoxie
Ellsworth
Council Grove
Almena
Wichita
Ottawa
Kerwin
Arkansas City
Argentine
Beloit
Hutchinson
Hiawatha
Esbon
Neodesha
Phillipsburg
Manhattan
Nortonville
Norcatar
Parsons
Mankato
Kinsley
Holton
Yates Center

Kentucky.

Covington
Lexington
Berea
Louisville
Richmond
Cynthiana

Owensboro
Russellville
Georgetown
Bardwell
Vine Grove
Frankfort
Paintsville
Benton
Hopkinsville
Danville
Paducah
Newport
Louisia
Jackson
Prestonsburg
Maysville
Versailles
Lawrenceburg
Stanford
Mt. Sterling
Henderson
Owenton
Campbellsville
Hanson
Catlettsburg
Glasgow
Ashland
Franklin

Louisiana.

Jennings
Lafayette
Morgan City
Lake Charles
Baton Rouge
Alexandria
Algiers
New Iberia
New Roads
Crowley
Ruston
Delhi
Lake Providence
Pleasant Hill
Shreveport
Ponchataoula
Franklin
Amite
Leesville
Plaquemine
New Orleans

Maine.

Portland
Augusta
Calais
Winterport
Blue Hill
Eastport
Lewiston
Springvale
Biddeford

Bangor
Gardner
Houlton
Pittsfield
Rockland
Saco
Bucksport
Winthrop
Ellsworth
Dexter
Brewer
Bar Harbor
Eastport
Lubec
Norway
Auburn
Bingham
Rumford Falls
York Village
Jonesport
Sanford
Castine
So. Berwick
Northeast Harbor
Livermore Falls
Caribou
Bridgton
Ft. Fairfield
Bath
Westbrook
Lisbon Falls

Maryland.

Balto
Baltimore
Salisbury
Catonsville
Lenaeonick
Frederick
Annapolis
Princess Anne
Cambridge
Hagerstown
Cumberland
Crisfield
Westminster
Snow Hill
Frostburg
Midland
Faulkner
Oakland
Pocomoke City
Rockville

Massachusetts.

Boston
Dorchester
Springfield
Campello
Harwich
Pittsfield



Cambridge
New Bedford
Fall River
Lynn
Roxbury
Marshfield
Northampton
Worcester
So. Framingham
Ware
Salem
Holyoke
Brookline
Orange
Lawrence
W. Brookfield
Rockland
Canton
Charlestown
Lowell
Randolph
Mattapan
Somerville
Brighton
Lexington
Westboro
Winter Hill
Newburyport
Amherst
Falmouth
Gloucester
Malden
Medford
North Andover
Stoughton
Montello
Danvers
Needham
Westfield
Brockton
Reading
Newton
Whitman
Newtonville
Hyde Park
Millford
Jamaica Plain
W. Lynn
W. Somerville
Stoneham
W. Springfield
W. Roxbury
Dedham
Beverly
Easthampton
Marlboro
Roslindale
Baldwinsville
Winthrop
Winchester
Groton
No. Attleboro
Westfield

Three Rivers
Waltham
Fitchburg
E. Milton
No. Easton
Natick
Middleborough
Andover
Allston
Plymouth
Gardner
Gt. Barrington
Palmer
Randolph
Athol
Attleboro
Webster
Lower Mills
Hyde Park
Quincy
Norwood
Revere
Wakefield
Lee
Arlington
Vicksburg
Hudson
Shelburne Falls
So. Hadley Centre
Ashmont
Whitinsville
Nantucket
No. Adams
So. Braintree
Adams
Greenfield
Wellesley
Williamstown
Newton Highlands
Concord
Warren
Chatham
Oak Bluffs
Cohasset
West Medford
Beachmont

Michigan.

Detroit
Bay City
Hillsdale
Belding
South Haven
Brooklyn
Menominee
Calumet
Escanaba
Grand Ledge
Bessemer
Jackson
Adrian
Three Rivers

Marquette
Iron Mountain
Manistee
Wayland
Port Huron
Onaway
Saginaw
Pontiac
Cheboygan
Plainwell
Hastings
Kalamazoo
Battle Creek
Holly
Lake Linden
Ithaca
Lansing
Holland
Houghton
Flint
Ann Arbor
Grand Rapids
Fenton
Lapeer
Charlotte
Ishpeming
St. Clair
Cedar Springs
Highland Park
Reed City
Hancock
Ironwood
Cassopolis
Alma
Petoskey
Algonac
Tonia
Traverse City
Muskegon
Greenville
Decatur
Albion
Manistique
Manchester
Munising
Cadillac
Yale
Paw-Paw
Wayne
St. Johns
Marine City
Mt. Clemens
St. Louis
Caro
Clinton
Three Oaks
Edmore
Big Rapids
Niles
Bad Axe
Roscommon
Cass City
Sebewaing

Minnesota.

Minneapolis
St. Paul
Rochester
Blue Earth
Red Wing
Stillwater
Red Lake Falls
Fergus Falls
Chatfield
Mankato
Duluth
Brown Valley
Windom
New Ulm
Spring Grove
Crookston
Anoka
Akely
Heron Lake
Stillwater
Argyle
Moorehead
Faribault
Canon Falls
Le Sueur
St. Cloud
Northfield
Waseca
Lindstrom
Eveleth
Detroit
Olivia
Winona
Caledonia
Fosston
Kasson
Worthington
Austin
Madelia
Fairmont
Mabel
Long Prairie
Barnesville
Litchfield
Springfield
Lakefield
Parkers' Prairie
Pine City
Wabasha
Houston
Ely
Rushford
Sherburn
Minneota
Kenyon
Bird Island
Wyckoff
St. James
Jordan
Perham
Thief River Falls

ITEMS OF INTEREST

Brainerd
Adrian
Jackson
St. Peter
Owatonna
Albert Lea
Plainview
Breckenridge
Alexandria
Osakis
Lyle
Canby
Marshall

Mississippi.

Coffeetown
Amory
Greenville
Hazelhurst
Ackerman
Hattiesburg
Kosciusko
Vicksburg
Jackson
Gulfport
Aberdeen
Brookhaven
New Albany
Edinburg
Holly Springs
Oxford
Scranton
Yazoo City
Belzona
Shelby
Moss Point
Tylertown
Indianola
Winona
Ruleville
Port Gibson
Biloxi
McComb
Wiggins
Greenwood
Water Valley

Missouri.

St. Louis
Kansas City
Springfield
Joplin
Fayette
Columbia
Maryville
Sedalia
Hamilton
Savannah
Norwood
Brookfield
Everton
Tarkio

Poplar Bluff
Stanberry
St. Joseph
New Madrid
Jefferson City
Fair Play
Mexico
Green City
Chillicothe
Kirksville
Boonville
Golden City
Jamestown
Liberty
Sarcoie
Bloomfield
Ozark
Maplewood
Bowling Green
Ash Grove
Mexico
Cabool
Lexington
Kahoka
St. Genevieve
Fulton
Granby
Monroe City
Sikeston
Aurora
Cassville
Pierce City
Monett
De Soto

Montana.

Glendive
Helena
Lewistown
Butte
Wisdom
Bozeman
Dillon
Missoula
Miles City
Anaconda
Belgrade
Kalispell
Wibaux
White Hall
Livingston
Plaine
Phillipsburg
Deer Lodge
Chinook
Whitefish

Nebraska.

Alliance
Omaha
O'Neil
Oakdale

Lincoln
North Loup
McCook
Humphrey
Hebron
Table Rock
Tildon
Cambridge
Hartington
Red Cloud
Grand Island
Wymore
Orb
Blair
Wayne
Syracuse
Nebraska City
Hastings
Ponca
North Bend
Loup City
Kearney
Grand Island
Wahoo
Sidney
Aurora
Columbus
Sterling
Laurel
Ashland
Norfolk
Wakefield
Oxford
Geneva
Beaver Crossing
Rushville
Lyons
David City
Albion
Florence
Neligh
West Point
Elmwood

Nevada.

Elko
Eureka
Rawhide
Goldfield
Gardenville
Tonopah
Reno
Luning
Manhattan

New Hampshire.

Ashland
Manchester
Nashua
Lebanon
Farmington
Rochester

Keene
Laconia
Concord
Portsmouth
Enfield
Plymouth
Greenville
Dover
Petersboro
Lincoln
Henniker
Wolfboro
Pittsfield
Raymond
Hanover
Lakeport
Somersworth
Meredith
Whitefield
Littleton
Northwood Ridge
Hinsdale
Lancaster
Franklin

New Jersey.

Newark
Passaic
Plainfield
Englewood
Orange
Newton
Belvidere
Hackensack
Asbury Park
Mahwah
Princeton
Salem
Bloomfield
Paterson
Trenton
Hasbrouck Hgts.
Weehawken
Jersey City
Hoboken
Montclair
Morristown
Millville
Bridgeton
Haddon Heights
Elizabeth
Washington
Caldwell
Camden
Westfield
Tom's River
Franklin Park
Moorestown
Swedesboro
Summit
New Brunswick
Cranford



Dunnellen
Hackettstown
Grantwood
Vineland
Red Bank
Absecon
Long Branch
Perth Amboy
Chatham
Somerville
Bayonne
Closter
Madison
Bound Brook
Rutherford
Blairtown
Phillipsburg
Kearney
Freehold
Woodbury
Rahway
Hopewell

New Mexico.

Albuquerque
Roswell
Raton
Silver City
Las Cruces

New York.

Brooklyn
Buffalo
New York City
Mechanicsville
Belfast
Woodhaven
Albany
Monticello
Jamestown
Larchmont
Newburgh
August
Waterloo
Mt. Vernon
Hudson
Syracuse
Troy
Olean
Oswego
Binghamton
Oneonta
Yonkers
Kingston
Rondout
Oneida
Rochester
Homer
Gowanda
Friendship
White Plains
Watertown

Utica
Baldwinsville
Granville
No. Tonawanda
Rensselaer
Cortland
Geneseo
Hobart
Holly
Fulton
Glens Falls
Canastota
Flushing
Mattituck
Union Springs
Plattsburg
Amenia
Lockport
Mt. Kisco
Peekskill
Bridgehampton
Lyons
Larchmont Manor
Philmont
Portchester
Little Valley
Andes
Moravia
Nyack
Owego
Mayville
Geneva
Danville
Schenectady
Norwood
Ithaca
Hempstead
Port Jervis
Waverly
Albion
Saratoga Springs
Wappingers' Falls
Malone
Cambridge
Westport
Amsterdam
Medina
Rome
Lowville
Dundee
Cloversville
Remsen
Clinton
Callicoon
New Dorp
Roxbury
Port Henry
Addison
Ilion
Jamaica
Brockport
Southampton
Niagara Falls

Palmyra
New Rochelle
Silver Creek
Holland
Saranac Lake
Herkimer
Carthage
Boonville
Ogdensburg
Poughkeepsie
Stapleton
Mt. Morris
Liberty
Clintondale
Cohoes
Jamestown
Candor
Huntington
Hempstead
Riverhead
De Ruyter
Liverpool
Elmira
Brewster
Cambridge
West Seneca
Le Roy
Geneva
Saratoga
Dolgeville
Sufferin
Far Rockaway
E. Aurora
Rouses Point
Little Falls
Hornellsville
Schuylersville
Croton
Ballston Spa
Lyons
Canton
Watkins
Camden
Pearl River
West Brighton
Woodmere, L. I.
Angelica
Granville
Clifton Springs
Newark
Potsdam
Fonda

North Carolina.

Winston-Salem
Mt. Airy
Newbern
Fayetteville
Whiteville
Oxford
Wilmington
Raleigh
Kinston

Lewisburg
Asheville
Washington
Laurinburg
Concord
Wadesboro
Charlotte
Davidson
Chapel Hill
Troy
Hamlet
Henderson
Yadkinville
Lawndale
Shelby
Marion
Thomasville
Lincolnton
Reidsville
Hillsboro
Warrenton
Hendersonville
Greensboro
Rutherfordton
Williamston
Hickory

North Dakota.

La Moure
Rolla
Fargo
Wallace
Bowbells
Valley City
Grand Forks
Omena
Deering
Hannah
Hope
Oakes
Minot
Hatton
Devil's Lake
Mandan
Willow City
Mayville
Lidgerwood
Fessenden
Vilva
Aneta
Cando
Hillsboro
Jamestown
Lisbon
Ellendale
Hankinson
Cavalier
Grafton

Oklahoma.

Wellston
Tonkawa

ITEMS OF INTEREST

Sulphur
Medford
Tishomingo
Shawnee
Lindsay
Stillwater
Guthrie
Vinita
Wetunka
Garvin
Oklahoma City
Lawton
Muskogee
Goltry
Enid
Elk City
McAlester
Sapulpa
Watonga
Cameron
Buffalo
Marlow
Checotah

Ohio.

Cleveland
Cincinnati
Toledo
Van Wert
Newark
Athens
Continental
Zanesville
Columbus
Elyria
Dayton
Napoleon
East Liverpool
Findlay
Cambridge
Ironton
Manchester
Mansfield
Wooster
Albany
Springfield
Elida
Nelsonville
Akron
London
Massillon
Circleville
Mt. Vernon
South Lorain
Geneva
Wooster
Dayton
Youngstown
Loveland
Coshocton
Canton
Oberlin

Ravenna
Lorain
Bowerston
East Palestine
Warren
Defiance
Wellston
Salineville
Pleasant City
Camden
Lima
Piqua
Leetonia
Collinwood
Wapakoneta
Portsmouth
Hamilton
Bridgeport
Lancaster
Felicity
Bellaire
Chillicothe
Wilmington
Shelby
Marietta
Miamisburg
Amsterdam
Murry City
Niles
Williamsburg
Caldwell
Spencerville
Wakeman
Ironton
Waverly
Troy
Nelsonville
New Lexington
Germantown
Chardon
Mansfield
Jefferson
Conneaut
Columbus
Wadsworth
West Milton
Bucyrus
Marion
Macksbourg
Byersville
Wellsville
Findlay
Shawnee
Greenville
Upper Sandusky
Fremont
Cumberland
Martin's Ferry
Paulding
Painesville
Tiffin
McArthur
Ashtabula

Johnstown
Eaton
Sidney
Lebanon
Granville
Woodsfield
Mt. Healthy
Norwalk
Lancaster
Toronto
Cadiz
Franklin
Middleton
Bryan
Leesburg
Ripley
Somerset
Hillsboro
Athens
Covington
Alliance
Scio

Oregon.

Portland
Albany
Roseburg
Ashland
Salem
Astoria
Dallas
Hood River
La Grande
Antelope
Wasco
Forest Grove
The Dalles
Oregon City
Brownsville
Marshfield
Bandon
Pendleton
Eugene
McMinnville

Pennsylvania.

Philadelphia
Pittsburg
Lewistown
Sheffield
Bradford
Minersville
Franklin
Altoona
Kennett Square
Shippensburg
York
Union City
Sandy Lake
Milton
Wilkinsburg
Lancaster

Punxsutawney
Greenville
St. Clair
Roaring Springs
Bedford
Greensburg
Carnegie
Shenandoah
Lebanon
Turtle Creek
Meadville
Carlisle
Hazleton
Honesdale
Wilkes-Barre
Mt. Morris
Brookville
New Kensington
Reading
Gettysburg
Erie
Johnsonburg
Cambridge Spgs.
Johnstown
Monessen
Coalport
Chambersburg
West Chester
Phoenixville
Corry
Windber
Allegheny
Brookville
Schuylkill Haven
New Bloomfield
West Newton
Scranton
Bristol
Kane
Laceyville
Ashley
Kittanning
Fairchance
Mahanoy City
Tamaqua
Waynesboro
Pottsville
Le Raysville
Bangor
Connellsville
Lansford
Lansdowne
Coatesville
Womelsdorf
St. Marys
Bethlehem
Mercersburg
West Grove
Mauch Chunk
Leighton
Mt. Joy
Allentown
Uniontown



Center Hall
Oil City
Greencastle
Reynoldsville
Somerset
Butler
Peckville
Uniontown
Canton
Warren
Chester
Ambler
Grove City
Grafton
Braddock
Mahaffey
Bellefonte
Carbondale
Fremont
Malvern
Benton
Doylestown
Westfield
Cannonsburg
Scottdale
Newville
Homestead
Palmyra
Towanda
New Castle
Pittston
Sunbury
Nanticoke
Freedom
Wilkesburg
Irwin
Swissvale
Donora
Du Bois
Lansford
Marion Center
Oxford
Titusville
Fox Chase
W. Pittston
Bloomsburg
Newville
Clarion
Factoryville
Moosic
Meyersdale
Quakertown
Uniontown
Columbia
Selins' Grove
Knox
Hanover
Sagerstown
West Chester
Ashland
Fredonia
Dayton
Beaver

Washington
Knoxville
Derry
Newport
Williamsport
McKeesport
Conemaugh
McConnellsburg
Monessen
Linesville
Mechanicsburg
Bridgeville
Red Lion
Birdsboro
Bloomsburg
Clarion
Mercer
E. Downingtown
Pt. Allegheny
Parkersburg
Annville

Rhode Island.

Providence
Woonsocket
Newport
Pawtucket
Westerly
Phenix
E. Greenwich

South Carolina.

Leesville
Chester
Columbia
Greenville
Holly Hill
Charleston
Greenville
Gaffney
Anderson
Conway
Spartansburg
Ridgway
St. George
Jonesville

South Dakota.

Canton
Deadwood
Groton
Brosie
Platte
Sioux Falls
Lennox
Chamberlain
Vermilion
Tyndall
Webster
Fort Pierre

Langford
Lake Andes
Sturgis
Aberdeen
Clear Lake
Milbank
Madison
Spearfish
Belle Fourche
Brookings
Elk Point
Pierre
Flandreau
Huron
Freeman
White Lake
Rapid City
Mitchell
Hot Springs
Camp Crook
Beresford
Mallette
Sisseton
Yankton
Gettysburg
Gregory
Presho
Watertown
Redfield
Arlington
Springfield
Miller
Salem

Tennessee.

Memphis
Clarksville
Nashville
Sweetwater
Columbia
Shelbyville
Bell Buckle
Knoxville
Cooksville
Somerville
Watertown
Chattanooga
Murfreesboro
Huntingdon
Johnson City
McMinnville
Gallatin
Collierville
Bristol
Pulaski
Lafayette
Whiteville
Cleveland
Jackson
Humboldt
Obion
Lebanon

Texas.

Dallas
Bonham
Plano
Paris
Kountze
Crockett
El Paso
Rogers
Laredo
San Antonio
Tyler
Cotulla
Alvord
La Grange
Eagle Lake
Gainesville
Giddings
Uvalde
Kaufman
Comanche
Yorktown
Midlothian
Brady
San Marcos
Houston
Beeville
Miami
Mexia
Abilene
Celeste
Temple
Cleburne
McClean
Bronte
Port Arthur
Canby
Decatur
Clarksville
Hallettsville
Marlin
Farmersville
Teague
Runge
Cat Springs
Brownsville
Beaumont
Sherman
Denison

Utah.

Provo
Ogden
Salt Lake
Logan
Beaver

Vermont.

Northfield
St. Johnsbury
Brattleboro
Randolph
Bennington

ITEMS OF INTEREST

Woodstock
Bethel
Montpelier
Rutland
Burlington
Bellows Falls
Waterbury
St. Albans
Rushford
Newport
Hardwick
Manchester Center
Bristol
Barre
Brandon
Middlebury
Derby Line
Bartow
Manchester
Lyndonville
Proctor

Virginia.

Alexandria
Danville
Waynesboro
Norfolk
Portsmouth
Rocky Mount
Suffolk
Roanoke
Fredericksburg
Richmond
Lawrenceville
Covington
Hamilton
Staunton
Mathews
Clintwood
Shawsville
Falls Creek
Abingdon
Harrisonburg
Warrenton
Lynchburg
Front Royal
Salem
Culpeper
Honaker
Lexington
Fincastle
So. Boston
Winchester
Wytheville
Charlottesville
Radford
Big Stone Gap
Stanardsville
Newport News
Galax
Hampton
Clifton Forge
Martinsville

Luray
Stephens City
Petersburg
Bridgewater
Jeffs
Blackstone
Chincoteague
Kenbridge
Pocohontas
Belle Haven
Chatham

Washington.

Seattle
Spokane
Hillyard
Rockford
Aberdeen
Tacoma
Cheney
Bremerton
Raymond
Pullman
Sunnyside
Ballard
Vancouver
Montesano
Centralia
Glendale
Rosalia
Kennewick
Ellenburg
Everett
Stanwood

West Virginia.

Buckhannon
Williamson
Clarksburg
Elkins
Parkersburg
Hinton
Logan
Bluefield
Weston
Charleston
Fairmont
St. Albans
Glen Jean
Beckley
Huntington
Blacksville
Mt. Hope
Cameron
Jaeger
St. Marys
Oak Hill
Shinnston
Keystone
Keyser
Madison
Wheeling
Mannington
West Union

Grafton
Richwood
Sisterville
Ronceverte
Looneyville
Morgantown
Bramwell
Moundsville
Smithfield
Martinsburg
Piedmont
Kingwood
Oakvale
Montgomery
North Fork
Winona
Belington
Philippi
Parsons

Wisconsin.

Evansville
Osceola
Madison
Green Bay
Sparta
Middleton
Manitowoc
Oshkosh
Shullsburg
Portage
Fond Du Lac
Superior
Colfax
Ripon
Lake Geneva
Kenosha
Wausau
Mayville
Mishicott
Durand
La Crosse
De Pere
Clinton
Sharon
Milwaukee
Waupaca
Edgar
Hortonville
Princeton
New London
Reedsburg
Beloit
Highland
Baraboo
Glenwood
Oconto
Elkhorn
Columbus
River Falls
Chilton
Lancaster
Bloomington

Cuba
Janesville
Hammond
Marshfield
Arcadia
Oconomowoc
Chilton
Watertown
Sheyboygan
Hilbert Junction
Grand Rapids
Schlessingerville
Chippewa Falls
Walworth
Appleton
Waupon
Poynette
Antigo
Rhineland
Blanchardville
Hudson
Brodhead
Brillion
Platteville
Stevens' Point
Menasha
Grafton
Wauwatoga
Tomahawk
Galeeville
Burlington
Green Lake
Beaver Dam
Berlin
Bloomer
Waukesha
Algoma
Monroe
Belleville
Merrill
Marinette
Milton
Cashton
Marshfield
Neenah
Westby
Prairie Farm
Ellsworth
West Bend
Arcadia
Cassville
Darien
Blair
Johnson Creek
West Salem
Ashland
Berlin
Stoughton

Wyoming.

Evanston
Cody
Laramie



Circulation of "Items of Interest" in Foreign Countries.

Argentine Republic.

Buenos Aires

Austria.

Vienna
Graz
Karlsbad
Budapest, Hngy.
Prag
Triest

Australia.

Melbourne
Queensland
Brisbane
Fremantle
Perth
Adelaide
Kiama
Charters Towers
Glebe
Balmain
Chippendale
Rockhampton
West Maitland
Wagga

NEW SOUTH WALES

Goulbourn
Lockhart
Sydney
Macleay
Grafton
Ashfield Sydney
Braidwood
Cootamundra
Gloucester
Mosman, Sydney
Tamworth
Ashfield
Lismore
Parramatta
Strathfield, Sydney
Burwood, Sydney
Petersham, Syd'n'y
Prahlan, Melb'ne
Murrumburgh
Wellington
Orange
Yass
Albury
Lismore
Petersham
Cooma
Tenterfield
Chatswood
Young

Armidale
Cassnock
Bathurst
Carlton, Melb'ne
Newtown, Sydney
Mudgee
Darlington
Kempsey
Forbes
Paddington
Wollongong

QUEENSLAND

Toowoomba
Gympie
Warwick
Mackay
Maryborough
Bundaberg
Beaudesert
Childers
Laidley
Southport
Manango
Oakley

VICTORIA

Ballarat
Geelong
Bendigo
Ballarat
Horsham
Coles
Boulder City,
W. Australia

Belgium.

Brussels
Liege

Brazil.

Sao Paulo
Rio de Janeiro
Ceara
Para
Pernambuco

Canada.

ALBERTA

Lacombe
Strathoona
Vegreville

BRITISH COLUMBIA

Vancouver
Victoria
Vernon

Nanaimo
Kelowna
Nelson
New Westminster

MANITOBA

Winnipeg
Brandon

NEW BRUNSWICK

Fredericton
St. Johns
East Florenceville
St. Stephen

NOVA SCOTIA

Antigonish
Middleton
Halifax
New Glasgow
Liverpool
Yarmouth
Truro
Sydney Mines
Pictou
Digby
Dartmouth

ONTARIO

Toronto
Brantford
Caledonia
Gananoque
Kingston
Hamilton
London
Mount Forest
St. Thomas
Sarnia
Berlin
Strathroy
Cobourg
Listowel
Norwich
Shelbourne
Ottawa
Meaford
Leamington
Chatham
Alliston
Waterloo
Whitby
Dundas
St. Catharines
Carleton Place
Cornwall
Kingsville
Pembroke
Warkworth

Ingersoll
Orilla
Smiths' Falls
St. Thomas
Georgetown
Oakville
Walkerville

P. E. I.

Charlottetown,

QUEBEC

Montreal
Ormstown
Sherbrooke
Three Rivers
St. Hyacinthe
Farnham

SASKATCHEWAN

Maple Creek
Yorkton

Chile.

Valparaiso
Santiago

China.

Shanghai

Costa Rica.

Puntarenas

Cuba.

Havana
Baracao
Manzanillo

Denmark.

Copenhagen
Helsingor

Ecuador.

Guayaquil

Egypt.

Cairo

England.

Nottingham
Manchester
London
Maidstone

ITEMS OF INTEREST

Liverpool
Blackburn
Middlesboro
Birmingham
York
Oxford
Dudley
Bangor
Bristol
Preston
Southampton
Newcastle-on-

Tyne

Bolton
Brighton
Folkestone
Nuneaton
Chichester
Sutton Surrey
Scarborough
Newport Mon
Yeovil Pitney Villa
Lancashire
W. Brighton
Carlisle
Wigan Lancs

Jersey
Mothorwell, N. B.
Essex
Dewsbury
Hanley Staffs
Ipswich
Halifax
Keighley
Mansfield
Berwick-on-

Tweed

Lancaster
Douglas, Isle of
Man
Sheffield
Oswestry Salop

Fiji.

Suva

Finland.

Helsingfors
Tammerfors

France.

Paris
Lille
Lyon
Marseille
Nice
Bordeaux
Dijon
Toulouse
Bourges
Rheims

Cannes
Nancy
Biarritz

Germany.

Berlin
Breslau
Mulhausen I/EI
Goepingen
Frankfurt A/M
Cologne
Hanover
Bremen
Dresden
Weimar
Hamburg
Leipzig
Freiburg I/Br
Bremen
Konigsberg, Pr.
Heidelberg
Offenbach A/M
Munich
Bonn a/Rh
Coln a/R

Guatemala.

Guatemala

Gulana.

Berbice, B. G.

Hawaii.

Honolulu
Mani

Honduras.

Belize, B. H.

India.

Mussooria,
N. W. P.
Calcutta
Ceylon
Bangalore
Karachi
Lahore
Rangoon
Bombay

Ireland.

Dublin
Belfast

Italy.

Rome
Brescia
Naples

Japan.

Yokohama
Tokio
Shidzuoka
Kobe

Mexico.

(On U. S. map)
Oaxaca
Tepic
Matchuala San
Luis Potosi
Mexico City
Saltillo
Monclova Coah
Aguas-calientes
Chiapas
Baja Cal
Farmacia
Guadalupano
Vera Cruz
Mazatlan
Morelia Mich

New Zealand.

Oamaru
Wellington
Christ Church
Ashburton
Dunedin
Wanganui
Auckland
Napier
Waimate
Timaru
Rangiora
Palmerston So.
Nelson
Invercargill
Blenheim
Masterton
Takaka
Graymouth
Taihope
Lyttelton
Waihi

Netherlands.

The Hague
Amsterdam
Arnheim
Haarlem
Haarlingen
Utrecht
Zwolle
Rotterdam
Utrecht
Enschede
Groningen
Apeldoorn
Assen

Newfoundland.

St. Johns

Norway.

Stavanger
Christiania
Bergen
Lillehammer
Christiansund
Kragero
Hamar
Lauvrick
Skien
Porsgrund

Peru.

Lima

Persia.

Tabriz

Philippine Islands.

Manila

Porto Rico.

Utuedo
San Juan

Portugal.

Lisbon

Roumania.

Braila

Russia.

Moscow
St. Petersburg
Riga
Elizabethgrad
Warsaw
Odessa

San Salvador.

Scotland.

Edinburgh
Paisley
Aberdeen
Falkirk
Dundee
Fife
Airdrie



Inverness
Hamilton
Glasgow
Arbroath

**South African
Republic.**

Cape Colony
Kimberley
Queenstown
Johannesburg
Cape Town
Port Elizabeth
Durban
Natal
Pretoria, Transvaal

Spain.

Gibraltar
Madrid
Corunna
San Sebastian

Sweden.

Halmstad
Stockholm
Helsingborg
Ludkoping
Orebro
Wexio
Christiansand

Switzerland.

Geneva
Morges
Kenton Aargan
Luzern
Neuchatel
Zurich
Basel

Turkey.

Pera, Constanti-
nople

Uruguay.

Montevideo

Venezuela.

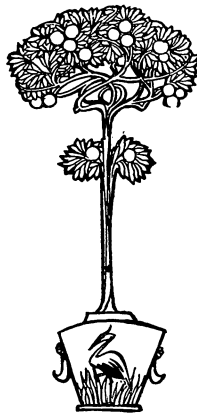
Caracas

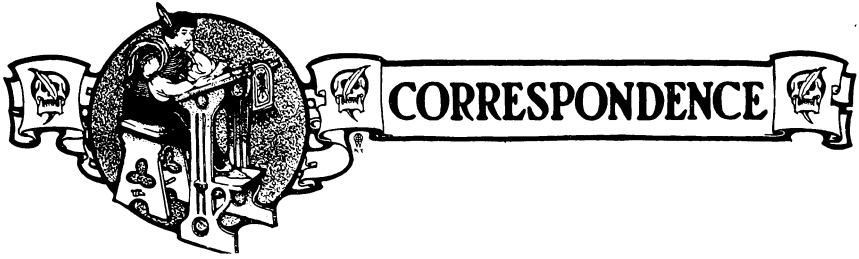
Wales.

Rhyl
Cardiff
Penarth
Swansea

West Indies.

Kingston, Jamaica
Curaçao, D. W. I.
Dominican Rep.
Hamilton, Berm.
Trinidad, B. W. I.





Revision of the Constitution of the National Dental Association.

My Dear Dr. Ottolengui:

I have read your editorial in the October number of the *ITEMS OF INTEREST* with great care and think that you have covered the ground very carefully and have pointed out the needs of the dental profession with great clearness. I should regret extremely any division of the dental profession, especially if such a division were accompanied by acrimony and hard feeling, but I think that the plan you advocate promises better for the future of the profession than any other, and I am glad to endorse it.

Yours very truly,

SAMUEL H. HOPKINS.

Boston, October 11, 1909.

Dr. R. Ottolengui,
80 West 40th St.,
New York.

My Dear Doctor:—Replying to your letter of October 6, I wish to say that I am in favor of any change in the By-Laws of the National Dental Association which shall constitute the members of any State society as members of the National organization on a per capita basis, similar to other national bodies, the financial support of the National Society to be derived entirely, or almost entirely, from such per capita tax. If the members of the various component societies have paid their dues to their State organization, which shall have paid its per capita tax, they should not be required to make any further financial membership tribute to the National Society. It may take a little time to work this out, but if it is worked out you will have a National Society more in proportion to the total number of practitioners than is possible under present conditions. I believe that its influence at home and before the world at large will be greatly enhanced.

Very sincerely yours,

CHARLES E. KOCH,

Secretary N. W. University Dental School.

Chicago, Ill.

ITEMS OF INTEREST

Dr. R. Ottolengui.

Dear Sir:—The National Dental Association must be reorganized, or else become a living corpse. There is only one way to reorganize, that is, by having all State Dental Associations become constituent bodies, and to accomplish this, there should be compensating inducements offered, so that the dentist from a far Western State will feel he receives more than he pays for. This may not be a patriotic motive, but the precarious existence of the National indicates that dental patriotism, as far as that body is concerned, is at a low ebb.

The dues should be as low as possible, as there is no need of providing for such an exorbitant permanent fund as now exists in the treasury of the American Medical Association. All the money needed is sufficient to provide for the legitimate expenses of the National, and this does not mean paying expenses of any junketing trips of the Council. Their business can easily be transacted at the regular meetings. There should be a fund to provide for a deficiency in the *National Dental Journal* expense account, but not longer than two or three years, as by then it should be self-supporting, or the management changed.

The present income of the National is about \$3,000 per annum. Double or treble this, and it should be sufficient; \$10,000 per year is certainly an ample income, and if fifty per cent. of the State Association members join the National, the dues at two dollars would more than provide this sum; if seventy-five per cent. join, one dollar would be sufficient.

You may think the question of dues of not vital importance, but it is the most important question to decide, when considering the large numerical increase of membership, as thousands of dentists living in remote sections would be pleased to become members and receive in return the New Journal, while probably they would rarely attend meetings.

The necessity of apeing the American Medical Association is not apparent to me, in fact, the apeing of the medical profession, the too common desire to attach to our names the degree of M.D. [and generally an unearned one] is a reflection on those so doing.

Am opposed to a "House of Delegates" as large as proposed by you. It is an unwieldy body and would usurp too much valuable time; in fact, a council of three intelligent men would be the ideal body, and less apt to become a political organization than a larger one, and as far as politics are concerned, there never existed a successful public or semi-public organization which was not controlled by a few, and if these few were influenced by unselfish motives their régime would be successful.

ITEMS OF INTEREST

Legitimate, honest politics are essential. I have heard of threats of what would be done in case certain results were not obtained at Denver, have seen letters hinting at the formation of a new National, etc., but it seems to me everyone should be willing to bury any private or public grievance and work for a reunited and reorganized National Dental Association.

Yours,

J. P. Root.

Kansas City, Mo., October 9, 1909.

Dear Doctor Ottolengui:

In reply to your letter of October 5, permit me to say that I have not the time to spare to discuss "The Editorial Criticism of the Report of the Committee of Revision."

In a former letter I said all which I felt was necessary and, although the remarks were made without malice aforethought or any evil intent—on the contrary—with only thoughts that the suggestions made might be adopted and thus have some good results therefrom, they called forth so bitter a personal denunciation that I do not feel inclined to add very much to what has already been said. However, as a member of the National Dental Association, having the success of that or any other society of which I am a member at heart, and in view of the fact that for many years I have conducted dental clinics, I may be pardoned if I again make some suggestions.

I would not do this but for one thing, and that is, unless the members of the National Dental Association at once make some radical changes, with both eyes shut I can see the end of that or any other dental society which is conducted along similar lines. I refer wholly to the seeming lack of intelligence in the arrangement of the clinical part of the meeting.

The Value of Clinics.

If a larger membership than seven hundred is desired, it is a very easy thing to obtain it, by merely making the meetings of such interest that the rank and file of our men will find that they can not afford to miss them. Past experience has demonstrated beyond the question of doubt that dentists, as a rule, care little for the literary part of the program. What the majority of the men are most vitally interested in is the clinical program; the larger and more varied it is, the greater is the attendance. What has just been said is what every man will say who has had any experience in conducting successful dental meetings.

Take, as an example, the 1907 and the 1909 meetings of the National Dental Association. In 1907 the clinic program contained 226 names. There were 129 operations and 97 table clinics. Among the operations were 46 gold fillings. About 3,900 dentists registered at the meeting. And nobody knows how many did not register. In 1909 the clinical program contained but 55 names. There were 16 chair clinics and 39 table

ITEMS OF INTEREST

clinics. Among the chair clinics were 1 inlay, 6 demonstrations, 3 surgical operations, 2 extractions, 3 artificial enamel fillings, 1 root canal operation. And how many men attended the meeting? Four hundred!

Let two things be clearly understood, that such a large attendance would not have been present in 1907 unless an unusually attractive clinic program had been arranged. And on the other hand, so small an attendance would not have resulted in 1909 but for lack of interest in the arrangement of the clinics.

Some men may feel, or even say, that I write in this way because I was not invited to assist. That is a mistake, for long before the meeting of 1909 I was solicited, but declined, to co-operate with the clinic section, because I felt that other men should be given a chance. One man should not be called on to conduct clinic after clinic. Let others do some of the work and thus familiarize themselves with what it means to arrange a clinic for the National Dental Association.

I wish to see the National Dental Association a representative body of men, and wish it to hold the most interesting and successful of all our meetings. So far as the Constitution and By-Laws which govern the society are concerned, they are, in my opinion, but minor factors in having successful meetings. When this statement is made it is based on many years of experience in assisting to hold successful dental meetings where there has never been anything said or heard of the Constitution and By-Laws for the government of that special society.

Dental meetings have always meant hard work for me; they mean hard work for every man who is interested in seeing the profession advance. Those of us who are interested in the advancement and progress of the dental profession, or at least the majority of us, and, as we are many, our wishes should receive some consideration, care not a rap for politics or an office, who runs the meeting, what the Constitution is, or what the By-Laws are. What we do care for is the success of the meeting, and to gain that end a few of us on more than one occasion have removed our coats and worked as few men know. And if occasion ever arises and it is necessary to do it again, we shall be right on hand and work as in the past, all for the glory and future of dentistry.

The whole subject should be discussed much more thoroughly, but just now I have not the time at my disposal to say anything further. As it is, this reply has been written most hastily, and the time spent in doing it should have been devoted to doing other things. But so great is my interest in the National Dental Association, I felt that perhaps a few words would be the means of having some of our members give the clinical part of the program much more time than seemingly has been devoted to it on a few occasions in the past.

St. Paul, Minn., October 13, 1909.

E. K. WEDELSTAEDT.



SOCIETY ANNOUNCEMENTS

State Society Meetings.

Ohio State Dental Society, Columbus, O.,
December 7, 8, 9, 1909.

Ohio State Dental Society.

The forty-fourth annual meeting of the Ohio State Dental Society, to be held in the Southern Hotel, Columbus, O., on December 7-9, promises to be one of the very best in the history of this society. The program contains the names of such men as Drs. M. L. Rhein, I. N. Broomell, Marcus Ward, C. P. Pruyn, and Sidney Rauh, of Cincinnati. The President, Dr. W. H. Whitsler, will give a stereopticon lecture on Tuesday evening on "The Human Hand." Dr. Whitslar has talked on this subject elsewhere and is a recognized authority on palmistry.

The clinic program is the longest in the history of this society.

The Arrangements Committee will provide a special social feature for the entertainment of the members and guests, giving all an opportunity to become better acquainted.

Many new members have been added through the organization of competent societies.

Let every member come and bring a friend. A royal good time and welcome awaits you.

F. R. CHAPMAN, Secretary.

The Odontographic Society of West Philadelphia.

The next meeting of the Odontographic Society of West Philadelphia will be held Monday, November 1, at 8 P. M., in the amphitheatre of



Dental Hall, University of Pennsylvania. At this meeting J. Howard Rhoads, of the Philadelphia Law School, at Temple University, will read a paper on Dental Jurisprudence.

R. R. PARKS, Secretary.

Rhode Island Board of Registration in Dentistry.

The Rhode Island Board of Registration in Dentistry will meet for the examination of candidates at the State House, Providence, R. I., Tuesday, Wednesday and Thursday, December 28, 29 and 30, 1909. Application blanks and particulars may be obtained from

H. L. GRANT, Secretary.

1025 Banigan Building, 10 Weybosset Street, Providence, R. I.

Kansas State Board of Dental Examiners.

The Kansas State Board of Dental Examiners will hold a meeting for the examination of candidates for license to practice dentistry in Kansas, beginning December 7, 1909, at 9 o'clock in the morning.

For blanks or other information write to the Secretary,

F. O. HETRICK.

Ottawa, Kansas.

Dr. Greene Vardiman Black to Be Honored.

Chicago Odontographic Society desires to inform the dental profession that this association is to give a testimonial banquet in honor of Dr. Greene Vardiman Black, in the City of Chicago, during the last week of January, 1910.

FRANK H. ZINN, Secretary.

WM. H. G. LOGAN, President.

Indiana State Board of Dental Examiners.

The next meeting of the Indiana State Board of Dental Examiners will be held in the State House in Indianapolis, January 10th to 14th. All applicants for registration in this State will be examined at this time. For further information address

F. R. HENSHAW, Secretary.

507-8 Pythian Building, Indianapolis, Ind.



Arizona Board of Dental Examiners.

The next meeting of the Arizona Board of Dental Examiners will be held in Phoenix, November 15th, 16th and 17th, 1909. The fee of twenty-five dollars must be in the hands of the Secretary twenty days before the date of the meeting.

For further information address,

J. HARVEY BLAIN, Secretary.

Box 524, Prescott, Ariz.

Institute Dental Pedagogics.

The sixteenth annual meeting of the Institute of Dental Pedagogics will convene in Toronto, Canada, December 28th, 29th and 30th, 1909. It is the first meeting held north of the Great Lakes, and our Canadian friends are preparing a most excellent program.

All dental college teachers are cordially invited to attend.

B. E. LISCHER, Secretary-Treasurer.

Michigan State Board of Dental Examiners.

The next meeting of the Michigan State Board of Dental Examiners, for the examination of candidates for license to practice dentistry in Michigan, will be held at the Dental Department of the University of Michigan in Ann Arbor, beginning Monday morning, November 15, at 9 o'clock. Applications must be in the hands of the Secretary at least 5 days before the examination. Application blanks and rules governing examinations will be furnished by any member of the board.

A. B. ROBINSON, Secretary-Treasurer.

44 Sheldon Street, Grand Rapids, Mich.